

Case Number:	CM14-0020119		
Date Assigned:	04/25/2014	Date of Injury:	10/24/2008
Decision Date:	07/07/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male injured on 10/24/08 while he was securing a wheelchair and felt a pop in his low back followed by low back pain and bilateral leg symptoms. Current diagnoses included lumbar disc degeneration, thoracic/lumbosacral neuritis or radiculitis, radicular syndrome, lumbosacral spondylosis, sciatica, and sacroiliac joint sprain/strain. Previous interventions included chiropractic treatment, medication management, and injection therapy. Clinical note dated 03/18/14 indicated the patient presented complaining of back pain radiating to the left lower extremity. The patient reported discomfort and tingling in the right thigh and knee. Physical examination revealed normal reflexes and motor strength, mild limitation of lumbar range of motion, midline tenderness of the lumbar spine, left sided sciatic notch tenderness, straight leg raise positive on the left. Medications included Celebrex QD and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

HYDROCODONE/APAP 5/325 #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, Injured worker must demonstrate functional improvement in addition to appropriate

documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Hydrocodone/APAP 5/325 #10 cannot be established at this time.