

Case Number:	CM14-0021021		
Date Assigned:	02/21/2014	Date of Injury:	09/12/2012
Decision Date:	07/17/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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:

This is a 48-year-old female with a date of injury of 9/12/12. The mechanism of injury was not noted. On 12/10/13, the patient reported the pain isolated in the lower back was severe and not tolerable, but she did not feel it was severe enough for surgery. She is requesting additional narcotic medications and "pain management". She has been riding her horse, but for only 1 hour a day. Objective exam showed a normal neurological exam, normal gait and severe lumbar tenderness. There was a request for a mandatory urine drug screen, however, the results were not provided for review. On 9/27/13, the patient requested medication that are not narcotics. On 10/24/13, the patient stated that she finds the topical analgesics the most helpful of her medications. The diagnostic impression is left L5-S1 disc herniation with neurologic compression, and s/p lumbar decompression on 7/25/13. The treatment to date: surgery, PT, medication management. A UR decision dated 12/11/13, denied the request for Norco, however, the rationale for the denial was not included in the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78 - 81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of functional improvement or continued analgesia with the use of opiates. There is no discussion of lack of adverse side effects or aberrant behavior. On 9/27/13, the patient noted that she would like medications that are not narcotics, and on 10/24/13, she stated she found the topical analgesics the most helpful of her medications. It is not clear that the patient should be on opiate therapy due to these findings. In addition, there is no documentation of a CURES Report or an opiate pain contract. CA MTUS requires clear and concise documentation for ongoing opioid management. Therefore, the request for Hydrocodone/APAP 10/325mg #90 was not medically necessary.