MAXIMUS Federal Services

Case Number:	CM14-0022428		
Date Assigned:	05/09/2014	Date of Injury:	09/07/2012
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine & Rehabilitation, 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:

The patient is a 52 year old male who was injured on 09/07/2012. Mechanism of injury is unknown.Prior treatment history has included physical therapy sessions. The medications include Naprosyn and gabapentin. Progress note dated 09/16/2013 documented the patient has had 6 physical therapy sessions as of 08/01/2013. She has complaints of her pain being persistent in the lower back radiating down to the left hip and upper leg sometimes with numbness and tingling. Objective findings on examination reveal there is tenderness to palpation of the lumbosacral junction and left SI joint. Straight leg raise is positive at 90 degrees bilaterally. There are no muscle spasms felt and lumbar movements are okay. Progress report dated 11/11/2013 documented the patient with complaints of continued pain in the lower back and buttocks. She has a problem with pushing and pulling. There is no numbness or tingling in legs. She feels a sharp pain in the lower abdomen/pelvic area also. Objective findings on exam reveal tenderness in the left SI joint and lumbosacral junction on palpation. Straight leg raise is positive at 90 degrees bilaterally. There is mild left trochanteric tenderness.Diagnoses:1.Sacroiliac sprain2.Lumbosacral painRecommendation: Tylenol, tramadol, Naprosyn and continue gabapentin. UR report dated 02/10/2014 denied the request for 40 tablets of hydrocodone-acetaminophen 5/325 mg because on 02/04/14 the claimant was prescribed hydrocodone-acetaminophen 5/325 mg q6 hours as needed. However, an updated clinical assessment from the referring physician had not been provided to indicate an assessment of current pain; the requested hydrocodone-acetaminophen 5/325 mg would be supported by moderate to severe pain levels despite prior analgesic use. The medical necessity of this request is undetermined at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

40 TABLETS OF HYDROCODONE- ACETAMINOPHEN 5/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 72-91.

Decision rationale: As per CA MTUS guidelines, Norco is recommended for moderate to moderately severe pain. Since the medical records did not provide an updated pain level as to why the Norco is needed instead of the previously Tylenol, Tramadol, Naprosyn and gabapentin prescribed on 11/11/2013, the medical necessity of Norco is not established.