

Case Number:	CM14-0037431		
Date Assigned:	06/25/2014	Date of Injury:	08/17/2007
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 44 year old who was injured on 8/17/2007. The diagnoses are bilateral knee pain and low back pain. The MRI of the lumbar spine showed multilevel disc bulges and facet hypertrophy. The patient had completed PT, home exercise program, lumbar epidural steroid injection and trigger points injections. The past surgery history is significant for two right knee arthroscopies. On 2/17/2014, [REDACTED] noted subjective complaints of low back pain radiating to bilateral lower extremities and pain score of 9-10/10 on a 0 to 10 scale. The patient arrived on a wheelchair and could not perform the heel and toe walking tests. The sensory, deep tendon reflexes and motor tests were decreased in the lower extremities. The medications were listed as Hydrocodone/APAP 5/325mg and tramadol for pain. A Utilization Review determination was rendered on 2/28/2014 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain and Low Back chapters.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non responsive to standard NSAID, PT and exercise. Opioids can also be utilized for maintenance treatment for patients who have exhausted all forms of treatment including non opioids medications, surgeries, interventional pain management, behavioral modification and psychiatric treatments where indicated. The records indicate that the patient have completed all surgical and interventional pain management options as well as conservative management measures. The pain is severe with a 9-10/10 rating in a scale of 1-10. The dosage of opioids being utilized is very low. The criteria for the use of Hydrocodone/APAP 5/325mg #30 was met. Therefore, the request is medically necessary.