

Case Number:	CM14-0037435		
Date Assigned:	06/25/2014	Date of Injury:	06/29/2009
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
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 54-year-old male who was injured on 6/29/2009. The diagnoses are low back pain, bilateral ankles pain, tarsal tunnel syndrome and peripheral neuropathy. There are co-existing history of hypertension, diverticulitis and hematuria associated nephritis. Naproxen was discontinued in 2012 because to prevent worsening of NSAIDs induced organs damage. The patient completed physical therapy with beneficial effects. The MRI showed degenerative joints disease of the ankles, tendon tear and inflammation. On 6/10/2014, [REDACTED] noted subjective complaints of low back pain radiating to lower extremities and bilateral ankles pain. There was associated numbness. The left ankle pain was causing walking difficulty. The patient is being referred to [REDACTED] for evaluation. The medication is listed as Hydrocodone/APAP 5/300mg #90. The patient had been on opioid since 2010. A Utilization Review determination was rendered on 3/7/2014 recommending non-certification for Hydrocodone/APAP 5/300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/300 #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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 NSAIDs, physical therapy and exercise. Opioids can also be utilized for maintenance treatment of patients who have exhausted or could not tolerate non-opioid medications, surgery options, interventional pain procedures, behavioral modification and psychiatric treatment. The records indicate that the patient cannot tolerate NSAIDs due to the presence of co-existing gastrointestinal and renal conditions. There is a recent exacerbation of the ankle condition causing increase in pain for which a specialist referral is being requested. The criteria for the use of Hydrocodone/APAP 5/300mg #90 were met and therefore, are medically necessary.