

Case Number:	CM14-0045538		
Date Assigned:	06/27/2014	Date of Injury:	02/14/2013
Decision Date:	09/09/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/02/2014

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 and 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:

Medical Records reflect the claimant is a 43 year old male with a work related injury dated 2-14-13. On this date, the claimant fell down aircraft stairs. The claimant has a diagnosis of lumbar myofasciitis with radiculitis, two level dis injury and right shoulder impingement syndrome. The claimant has been treated with medications, physical therapy, and L5-S1 epidural steroid injection. Office visit from 1-13-14 notes the claimant has low back pain that radiates into the legs, greater on the right side. He had tenderness to palpation, muscle spasms and positive SLR to the right greater than left. Follow-up on 2-13-14 notes the claimant is the same with no change. Recommendations made for MRI, EMG/NCS. The claimant is continued with medications. Follow-up from 3-27-14 notes the claimant reports he is about the same. Follow-up on 5-8-14 notes the claimant reports his back pain is sharp with no change in the pain level 9. He is not taking any pain medications. He was told to stop, as he is having an epidural steroid injection the following day. Follow-up on 6-19-14 notes the claimant reports slight decrease in sharp severe pain. His pain level is 8 in the low back and the same in the right shoulder 8-9/10. Follow-up on 7-2-14 notes the claimant reports his pan level is the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids for neuropathic pain; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-96.

Decision rationale: The MTUS Chronic Pain Guidelines reflect that the ongoing use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. This claimant has had the same level of pain despite the ongoing use of medications and epidural steroid injections. There is an absence in documentation noting any type of functional improvement. He has high levels of documented pain 8-10/10. Therefore, the current request does not meet the MTUS Chronic Pain Guidelines' criteria for ongoing use of opioids. As such, the request is not medically necessary and appropriate.