

Case Number:	CM14-0047429		
Date Assigned:	07/02/2014	Date of Injury:	12/08/2003
Decision Date:	09/18/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 50 year old male who was injured on 12/8/2003. The diagnoses are low back pain, post laminectomy lumbar syndrome and neck pain. There were associated diagnoses of depression and insomnia. The past surgery history is significant for cervical spine fusion and lumbar spine laminectomy. The MRI of the lumbar spine showed multilevel disc bulges with nerve root contact. On 3/5/2014, [REDACTED] / [REDACTED] noted subjective complaints of low back pain with muscle spasm and numbness. The pain score was 7/10 on a scale of 0 to 10. The ADL is improved with utilization of the prescribed medications. The medications are Norco and gabapentin for pain, Effexor for depression and Flexeril for muscle spasm. A Utilization Review determination was rendered on 3/25/2014 recommending modified certification for hydrocodone/APAP 10/325mg #90 to #45.

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 Days 30 Qty 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 74-96.

Decision rationale: The California MTUS recommends that opioids can be utilized for short term treatment of acute exacerbations of chronic pain as well as maintenance treatment when the patient have exhausted PT, surgery and non opioid medications treatment. The records indicate that the patient had completed neck surgery, lumbar spine surgery, lumbar epidural injections and physical therapy. Utilization of the prescribed medications has resulted in reduction in pain and increase in ADL. No aberrant behavior or opioid related side effects have been reported. The criteria for the use of hydrocodone/APAP 10/325mg #90 are medically necessary.