

Case Number:	CM14-0048628		
Date Assigned:	06/25/2014	Date of Injury:	08/07/1997
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 66 year old woman with a date of injury of 8/7/97. She was seen by her primary treating physician on 1/14/14 with complaints of back and right leg 7/10 pain with bilateral lower extremity numbness and tingling. She also reported intermittent falls. Her medications included norco 10/325mg 3-4 times daily which is at issue in this review. The medications were said to decrease her pain but cause occasional nausea which was treated with Zofran. Her exam showed she was mobile with a four point cane. Her range of motion was decreased in her cervical, thoracic and lumbar spine. She had a well healed surgical spine incision with a palpable stimulator. She had some decreased sensation in her cervical and lumbar dermatomes and a positive straight leg raise on the right. Urine toxicology documented compliance with medications. Her diagnoses were failed back syndrome status post lumbar surgery with cervical and lumbar radiculopathy. She was encouraged to continue a home exercise program.

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, # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: This 66 year old injured worker has chronic back pain with an injury sustained in 1997. Her medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/14 fails to document any improvement in pain or, functional to justify long-term use. Side effects are documented such as nausea and falls. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical records do not justify the ongoing use or prescription of hydrocodone/APAP 10/325mg # 60.