

Case Number:	CM14-0058125		
Date Assigned:	07/09/2014	Date of Injury:	09/27/1999
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/29/2014

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. 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 60 year old female who has a work related injury on 09/27/99. There is no documentation of the mechanism of injury. Due to increasingly worse lower back pain, the injured worker and has not been able to return to her position as a pharmacy technician. She has had difficulty with prolonged standing and walking along with repetitive bending and lifting. She continues to have pain extending down her legs, but much worse on the left side. She has pain and numbness that extends all the way down to her foot. She states that she has had more difficulty sleeping due to her pain. She states she just received the stimulator and needs to be instructed on using it. She has not heard of anything regarding an appointment with a chronic pain specialist. She is currently taking Vicodin 550mg averaging 2-3 tablets a day and is also taking Soma averaging only 1 a day. The patient changes her position cautiously due to the lower back discomfort. She has continued tenderness of the lumbar paraspinal muscles bilaterally, but mostly on the left side. There is no appreciable spasm. Straight leg raising test in the seated position is positive on the left. She continues to have difficulty with squatting and standing. The patient's diagnoses include lumbar disc injuries at L4-5 and L5-S1, low back pain and right sciatica neuralgia/sciatic nerve. The prior utilization review on 03/12/14 was non-certified. There is no documentation of visual analog scale scores with or without pain medication, no documentation of functional improvement and no urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Tab 5/325 mg: 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 Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

Decision rationale: The clinical documentation submitted for review does not support the request. There is no documentation of visual analog scale scores with or without pain medication, no documentation of functional improvement and no urine drug screens. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. Therefore, the request is not medically necessary.