

Case Number:	CM14-0071448		
Date Assigned:	07/16/2014	Date of Injury:	05/09/2013
Decision Date:	10/02/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral lower extremity pain reportedly associated with an industrial injury of May 9, 2013. In a Utilization Review Report dated April 16, 2014, the claims administrator denied a request for Norco. The claims administrator did not incorporate any guidelines into its rationale but stated that it was basing his decision on both ACOEM and ODG. The applicant's attorney subsequently appealed. In a progress note dated April 20, 2014, the applicant reported persistent complaints of low back pain status post recent medial branch block procedure. 7/10 pain was noted. The applicant had tried manipulative therapy and Acupuncture with minimal-to-no relief. The applicant had last worked in May 2013, it was acknowledged. 7/10 pain was reported. The applicant was using Norco, Ketoprofen, Flexeril, LidoPro cream, and Prilosec, it was acknowledged. Limited range of motion was noted on exam. Multiple medications were refilled, including Norco. A rather proscriptive 5-pound lifting limitation was endorsed, effectively resulting in the applicant's removal from the workplace. In an applicant questionnaire dated April 10, 2014, the applicant acknowledged that topical medications had failed to diminish to his consumption of oral medications. The applicant reported 7/10 pain. The applicant acknowledged that he was not working, had no energy, and was only sleeping only three to four hours a day. On February 27, 2014, the applicant again reported persistent complaints of low back and bilateral knee pain. The attending provider stated that the applicant's combination of medications, including Norco two to three tablets a day, Flexeril one tablet twice a day, Ketoprofen twice a day, and Prilosec once daily were collectively ameliorating his ability to function and decrease his pain. The attending provider did not quantify the decrements in pain or discuss any tangible improvements in function. Multiple medications, including Norco, were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to expound upon or establish the presence of any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Hydrophone-Acetaminophen usage. Therefore, the request is not medically necessary.