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| Case Number: | CM14-0071740 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 08/28/2009 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 represented [REDACTED] employee who has a filed a claim for chronic low back pain reportedly associated with an industrial injury of August 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; viscosupplementation injections; unspecified amounts of physical therapy over the life; unspecified amounts of biofeedback over the life of the claim; and unspecified amounts of acupuncture over the course of the claim. In a utilization review report dated April 25, 2014, the claim administrator failed to approve a request for hydrocodone-acetaminophen. The applicant's attorney subsequently appealed. In a progress note dated April 23, 2013, the applicant was described as having persistent complaints of neck pain, headaches, low back pain, and knee pain with associated paresthesias about the left leg. The applicant was having nightmares, insomnia, and depression, it was further noted. The applicant had lost weight, it was stated. The applicant was given refills of Norco, Lexapro, Neurontin, and Ambien. There was no mention of medications efficacy on this date. The applicant's work status was not provided. On August 20, 2013, the applicant underwent EEG testing, which was apparently negative for any evidence of epileptiform activity. The applicant was given Flexeril, Neurontin, Norco, and Lexapro. The applicant was placed off of work, on total temporary disability, through December 1, 2013. There was no mention of medication efficacy on this date. On January 30, 2014, the applicant apparently received various medication refills including Naprosyn, Prilosec, tramadol, and Terocin, through usage of preprinted checkboxes. No narrative commentary was attached. On April 8, 2014, the applicant presented with persistent complaints of neck pain radiating to the arm. It was stated that the applicant was pending cervical epidural steroid injection therapy. Unspecified medications were refilled. On prescription form dated May 11, 2014, variety of medications were refilled, including tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 91.

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 not recounted or narrated any improvements in function or decrements in pain achieved as a result of ongoing usage of hydrocodone-acetaminophen. Therefore, the request is not medically necessary.