

Case Number:	CM14-0075075		
Date Assigned:	07/16/2014	Date of Injury:	07/11/2011
Decision Date:	09/19/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 40-year-old female who was reportedly injured on July 11, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 31, 2014, indicated that there were ongoing complaints of increased low back pain with numbness and tingling into lower extremity. The physical examination demonstrated lumbar spine pain with flexion and extension, and a normotensive (112/73) individual with a pulse of 68. A limited range of motion of the bilateral shoulders was also reported. There was one note indicating a positive electrodiagnostic assessment; however, the exact findings were not presented. Diagnostic imaging studies were not reported. Previous treatment included medications and other pain management interventions. A request was made for the medication hydrocodone and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 2.5/325mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page Page(s): 74-78, 88, 91 of 127.

Decision rationale: As outlined in the MTUS Chronic Pain Guidelines, this medication is a short acting opioid indicated for the management of moderate to severe breakthrough pain. This medication should be at the lowest possible level to improve pain and function. The progress notes did not indicate any improvement in the pain complaints (noted as 8/10) and did not outline any increased functionality, decreased symptomatology or a return to work. Therefore, when noting the date of injury, the injury sustained, the current clinical situation, and the parameters outlined in the MTUS Chronic Pain Guidelines, this request is not medically necessary.