

Case Number:	CM14-0075103		
Date Assigned:	07/16/2014	Date of Injury:	08/19/2009
Decision Date:	08/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/23/2014

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 Florida. 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 male who reported an injury on 08/19/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 04/29/2014 indicated lumbar post laminectomy syndrome, lumbosacral radiculitis, myofascial pain syndrome, lumbar or lumbosacral disc degeneration, encounter for therapeutic drug monitoring, bursitis trochanteric. The injured worker reported low back pain that radiated to posterior lateral parts of both thighs and calves, including the lateral bottom and dorsal aspect of both feet. The injured worker reported his pain level to be 6/10 without medication. With medication, it is 3/10. The pain was frequent, 75% of the time and burning. The pain became worse with standing, twisting, and walking for longer than 30 minutes. The injured worker reported the pain was better with lying down and resting. The injured worker reported left hip pain. However, the injured worker reported no medication side effects. On physical examination, the injured worker had a global antalgic gait. Physical examination of the lumbar spine revealed range of motion flexion of 90 degrees with pain, extension 10 degrees with pain. The injured worker had spasms and tenderness on both sides of the spinous process, with tenderness on L4 and L5. The injured worker had a positive lumbar facet loading on both sides. All lower extremity reflexes were equal and symmetric. The injured worker had tenderness over the trochanter, with multiple trigger points over iliotibial band, with the injured worker in the lateral decubitus position and the knees flexed to 90 degrees, slight abduction of the femur with hip extension to its limit. The injured worker's prior treatments included diagnostic imaging, surgeries, and medication management. The injured worker's medication regimen included Norco, Tizanidine, and Gralise. The provider submitted a request for Hydrocodone/APAP. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #40 as dispensed on 4/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Hydrocodone/APAP 10/325 mg #40 as dispensed on 4/29/2014 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reports relief with medications and functional improvement, the request does not indicate a frequency for the medication. Therefore, the request is for Hydrocodone/APAP 10/325mg #40 is not medically necessary and appropriate.