

Case Number:	CM14-0094561		
Date Assigned:	07/25/2014	Date of Injury:	09/06/2011
Decision Date:	09/10/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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, has a subspecialty in Interventional Spine 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 injured worker is a 44 year-old male with the date of injury of 09/06/2011. The patient presents with pain in his low back and legs. There is tenderness to the left sacroiliac joint to palpation and L3-L4 spinous processes. The patient is currently taking Glipizide, HCTZ, Lisinopril, Methadone, Norco, Solostar lantus insulin and Symbicort inhalation aerosol. According to [REDACTED] report on 01/15/2014, diagnostic impressions include; lumbar degenerative disc disease, lumbar disc displacement, lumbar spondylolisthesis and anxiety. [REDACTED] requested Hydrocodone/APAP 10-325mg #60. The utilization review determination being challenged is dated on 06/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/15/2014 to 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: The patient presents with pain and weakness in his low back and legs. ■■■■■ is requesting Hydrocodone/APAP 10-325mg #60. Before prescribing any medication for pain, the MTUS guidelines require; determine the aim of use of the medication, determine the potential benefits and adverse effects, and determine the patient's preference. Review of the reports from 01/15/2014 to 07/09/2014 does not indicate any of the above. In fact, there are no reports that specifically discuss this request. There are no specifics provided in terms of why this medication is prescribed and when. No reports discuss numerical scales, specific ADL changes and no discussion regarding opiates management addressing adverse effects and aberrant behavior. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, this request is considered not medically necessary.