

Case Number:	CM13-0035369		
Date Assigned:	12/13/2013	Date of Injury:	09/17/1997
Decision Date:	03/23/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 65 year old female, who sustained an industrial injury on 9/17/1997. On 10/17/13, the injured worker submitted an application for IMR for review of Hydrocodone/APAP 5/500MG, #60. The treating provider has reported the injured worker complained of back pain and sciatica. It is also noted left foot plantar fasciitis pain. The diagnoses have included lumbosacral degenerative disc disease L4-S1, Facet degenerative joint disease. Treatment to date has included x-rays lumbosacral, physical therapy, labs for medication monitoring. On 10/3/13 Utilization Review non-certified Hydrocodone/APAP 5/500MG, #60. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 5/500MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 1997. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and NSAIDs. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to hydrocodone/APAP to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of hydrocodone/APAP is not substantiated in the records.