

Case Number:	CM14-0170045		
Date Assigned:	10/20/2014	Date of Injury:	04/07/2010
Decision Date:	01/07/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family 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:

This injured worker's date of injury is 04/07/2010. This patient receives treatment for chronic neck and low back pain. Documentation regarding the original injury was not provided. The original injury was a lifting injury while on the job. The patient received chiropractic and physical therapy. Medications used include Norco 10/325, ketoprofen 75 mg, Prilosec, and capsaicin cream. On exam there is diffuse tenderness in the L4-S1 regions. SLR is positive at 45 degrees and there is slight diminution to muscle strength in the left lower extremity. The medical diagnoses include degenerative disc disease, facet arthropathy, s/p facet neurotomy, cervical strain, and left lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10/325mg QTY: 60 Day supply: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back and neck pain. Opioids are not recommended for the long-term management of low back and neck pain, only for

exacerbations of pain. The guidelines state that failure to respond to a short course of opioid treatment should lead to a reconsideration of this therapy and use of alternative treatment approaches. In addition, the guidelines recommend that the clinician focus on and document return to function, as a key clinical yardstick to document the effectiveness of opioid therapy in chronic pain management. There is no such documentation. Norco is not medically indicated.