

Case Number:	CM14-0174415		
Date Assigned:	10/27/2014	Date of Injury:	04/06/2011
Decision Date:	01/02/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 4/6/11. There is a request for continuation of physical therapy treatment program for the cervical and lumbar spine and for Norco dated on 8/15/14. She had complaints of intermittent neck, bilateral wrist and hand pain as well as constant back pain with radiation into the lower extremities. Her exam showed a positive Spurling's test with radiation to her upper extremities bilaterally. Her lumbar spine exam showed paraspinal spasms and tenderness. Her diagnoses were status post anterior cervical discectomy and fusion C6-7, L4-5 spondylolisthesis with worsening left leg pain and aggravation and lumbar spine 2mm disk protrusion. At issue in this review is the request for Hydrocodone/APAP 10/325 mg. Length of prior prescription is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #60: Upheld

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

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

Decision rationale: In opioid 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 visit of 8/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Hydrocodone/APAP 10/325 mg is not substantiated in the notes.