

Case Number:	CM14-0188264		
Date Assigned:	11/18/2014	Date of Injury:	08/25/2011
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 44 year old male was a foreman when he sustained an injury on August 25, 2011. The injury involved his neck, back, bilateral hands and knees, and left foot. The mechanism of injury is not in the provided medical record. Diagnoses included herniated lumbar disc, canal stenosis of the lumbar spine, and lumbar radiculopathy. Prior treatment included anti-inflammatory and pain medication, an epidural steroid injection, and activity modifications. On August 12, 2014, the injured worker received a left L4-5 (lumbar four-five) transforaminal epidural steroid injection, which moderately decreased his pain for one month. On October 28, 2014, the treating physician noted the injured worker had aching and burning pain of the mid and upper back rated 7-8/10. He had aching, stabbing pain lower back and bilateral knee pain rated 6-7/10, right elbow aching, aching and stabbing pain of the bilateral hands rated 7-8/10, and left ankle aching rated 6-7/10. The physical exam revealed no kyphosis, normal toe and heel walking, paraspinal muscle tenderness and spasm of the thoracic and lumbar spine, moderately decreased lumbar range of motion with spasm, tightness of bilateral hamstrings, decreased sensation of the left L4-5 dermatomes, negative straight leg raise bilaterally, and normal circulation, strength and deep tendon reflexes of the lower extremities. There was left knee joint line and patellar tendon tenderness, no instability, and mildly decreased range of motion. Diagnoses included status post left knee arthroscopy with chondromalacia of the medial femoral condyle and left side tibial plateau. The treatment plan included continuing the pain medication with the attempt to taper and wean, and await authorization for another epidural steroid injection. Work status was modified. On November 3, 2014, Utilization Review non-certified a prescription for Hydrocodone/APAP tab 10/325mg #60. The acupuncture was non-certified based on lack of evidence that prior use of Hydrocodone/APAP resulted in objective functional improvement. There was a lack of documentation of the results of a current urine drug test, weaning/tapering

attempts, an updated and signed pain contract, and a risk assessment profile. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines: criteria for use for a therapeutic trial of opioids and recommendations of opioids for chronic pain in general conditions were cited.

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 Opioids, Page(s): 74-86.

Decision rationale: Based on guidelines it states first line treatment should be used prior to opioids. Norco should only be used for moderate pain and the patient should have functional improvement. According to the medical records the patient shows no improvement with opioids, therefore the request is not medically necessary.