

Case Number:	CM14-0211620		
Date Assigned:	12/24/2014	Date of Injury:	12/26/1973
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 12/26/1973. The mechanism of injury was not provided. The injured worker is diagnosed with lumbar disc disease. The injured worker presented on 11/13/2014, with complaints of severe pain in the lower back with radiation into the bilateral hips. Upon examination, the injured worker had a guarded and protected gait. Active range of motion of the thoracolumbar spine was restricted with forward flexion to 60 degrees and lateral bend to 30 degrees. The injured worker was instructed to proceed with lumbar epidural injections. A prescription for hydrocodone/APAP 5/300 mg #60 was also issued. A Request for Authorization Form was submitted on 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #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): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until there has been a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no improvement in function. According to the documentation provided, the injured worker continued to report severe pain in the lower back despite the ongoing use of the above medication. Without evidence of objective functional improvement, ongoing use is not supported. There is also no frequency listed in the request.