

Case Number:	CM14-0064202		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2008
Decision Date:	04/07/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 53-year-old male who reported an injury on 10/17/2008 due to an unspecified mechanism of injury. On 04/03/2014, he presented for a follow up evaluation. He had complaints including aching and stabbing pain in to the neck and upper back, rated at a 6/10 to 7/10 as well as low back pain that radiated into the bilateral lower extremities, rated at an 8/10. He was noted to be taking Norco 10/325 mg 2 tablets 3 times daily, Gabapentin 600 mg 3 times a day, Flexeril 7.5 mg 3 times a day for spasms, and LidoPro topical cream. He was also taking Docusone 2 times a day for opioid induced constipation and Prilosec 20 mg twice a day for GI upset. A physical examination showed that he utilized a single point cane to assist with ambulation. Range of motion was noted to be decreased in the cervical spine and lumbar spine throughout. There was also decreased sensation in the cervical and lumbar spine as well as decreased strength. He was hyper-reflexic in the bilateral patellar and Achilles and he had a positive straight leg raise bilaterally causing pain to the feet. He was diagnosed with HNP of the lumbar spine, facet arthropathy of the lumbar spine, concordant pain at the L3-4, status post micro lumbar decompression, chronic pain syndrome, and lumbar radiculopathy. The treatment plan was for hydrocodone. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Furthermore, the frequency, dosage, and quantity of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.