

Case Number:	CM15-0005904		
Date Assigned:	01/26/2015	Date of Injury:	09/28/2012
Decision Date:	03/13/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/12/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 45 year old male, who sustained an industrial injury on 9/28/2012. The diagnoses have included thoracic and lumbar sprain/strain, myalgia and myositis, ribcage strain/sprain, lumbar radiculopathy, bilateral knee strain/sprain, and insomnia. Treatment to date has included conservative measures. Currently, the injured worker complains of mid back pain radiating to bilateral ribs, rated 8/10 on VAS and 6/10 without medication. Bilateral knee pain was rated 7/10, 5/10 with medication. Low back pain with radiation to bilateral lower extremities was rated 6/10, 4/10 with medication. Tenderness and spasm were noted over the lumbar spine, thoracic spine, and knee area. Decreased range of motion was noted to the areas. A progress report, dated 10/29/2014, noted magnetic resonance imaging of the lumbar spine findings (1/19/2014) as showing disc desiccation at L3-L4 to L5-S1 and L5-S1 focal central disc protrusion. Magnetic resonance imaging of the thoracic spine (5/30/13) noted findings consistent with prominent cisterna chili. Magnetic resonance imaging of the right knee (4/25/2014) noted small joint knee effusion. Magnetic resonance imaging of the left knee (4/25/2013) noted marginal osteophyte of the lateral tibial condyle and knee joint effusion. On 1/02/2015, Utilization Review modified a request for Hydrocodone/APAP 10/325mg #60 to Hydrocodone/APAP 10/325mg #50, for purposes of taper and discontinuation over the course of the next 2-3 months, citing the MTUS Chronic Pain Medical Treatment Guidelines.

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 Page(s): 74,76-78, 80, 88, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Hydrocodone/APAP 10/325 mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has mid back pain radiating to bilateral ribs, rated 8/10 on VAS and 6/10 without medication. Bilateral knee pain was rated 7/10, 5/10 with medication. Low back pain with radiation to bilateral lower extremities was rated 6/10, 4/10 with medication. The treating physician has documented tenderness and spasm over the lumbar spine, thoracic spine, and knee area. Decreased range of motion was noted to the areas. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/APAP 10/325 mg #60 is not medically necessary.