

Case Number:	CM15-0007614		
Date Assigned:	01/22/2015	Date of Injury:	02/04/2014
Decision Date:	03/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old male who reported an injury on 02/03/2014 due to a lifting injury. On 09/23/2014, he presented for a followup evaluation with complaints of nonradiating pain in the lumbar spine. He rated his pain at a 5/10 and stated that it was worse with standing. Treatments have included physical therapy, medications, and creams. A physical examination showed decreased range of motion associated with pain as well as moderate to severe spasms. Range of motion was noted to be 30/15/15/15. There was a positive straight leg raise test noted in the bilateral L5-S1 nerve distributions and he had right leg pain and weakness. He was diagnosed with lumbosacral spine sprain/strain, lumbar spine herniated nucleus pulposus, and lumbar spine stenosis. In the discussion, it showed that the injured worker did not desire medications or creams at that time. The treatment plan was for hydrocodone 5/325 mg #120 for 30 days. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 #120 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that this medication has provided him with a quantitative decrease in pain or an objective improvement in function to support its continuation. In addition, no official urine drug screens or CURES reports were provided for review to validate compliance. Furthermore, the frequency of the medication was not stated within the request. Given the above, the request is not medically necessary.