

Case Number:	CM15-0107585		
Date Assigned:	06/12/2015	Date of Injury:	02/08/1999
Decision Date:	07/27/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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: Massachusetts

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 64-year-old male who sustained an industrial injury on 02/08/1999. Mechanism of injury was not documented. Diagnoses include degenerative disc disease with severe radiculopathy, lumbar laminotomy in 2000, 2002, 2005 (L4-5). Treatment to date has included surgery and medications. A physician progress note dated 04/27/2015 documents the injured worker has decreased his Norco to 3 a day-he is trying to ration it. He is out of Baclofen. His pain has been worse. He has chronic pain in the lumbar area, left hip and left leg. It is currently out of control. He is limping a lot. There is severe lumbar spasm, and minimal lumbar flexion. There is a painful Straight leg raise. The treatment plan includes the medications Baclofen 10mg, #60-1 every pm, and Celebrex 200mg #90-1 daily. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for Hydrocodone/APAP 10/325 mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10/325 mg #360: 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1999. He continues to be treated for low back and left lower extremity pain. He was seen for a four-month follow-up and was having pain referenced as out of control. Physical examination findings included an antalgic gait with severe lumbar spasms. There was minimal lumbar flexion. There was decreased left lower extremity strength and positive straight leg rising. Medications were refilled. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.