

Case Number:	CM15-0181163		
Date Assigned:	09/22/2015	Date of Injury:	03/23/2009
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/15/2015

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 57-year-old male who sustained an industrial injury on 03-23-2009. Diagnoses include lumbar sprain-strain, herniated nucleus pulposus at L3-L4, L4-L5, and L5-S1, bilateral lower extremity radiculitis-radiculopathy, left knee strain-sprain, left ankle sprain-strain-status post-surgery x 2, and status post baseball injury at age 13. A physician progress note dated 04-10-2015 documents the injured worker complains of lower back pain with pain and radicular symptoms to both legs and feet. He has complaints of numbness and tingling in his feet, and has numbness to the top of his right foot when he walks. He also feels fatigued. On examination, he has right and left positive straight leg raise. Lumbar spine range of motion is restricted. There is tightness and spasm in the lumbar paraspinal musculature. He has hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level bilaterally. He uses a cane to ambulate and uses a lumbosacral brace for support. The injured worker states his medications have been of benefit for him. A urine drug screen was done with this visit. The injured worker has been on Hydrocodone since at least 12-19-2014. Treatment to date has included diagnostic studies, medications, and use of a heating pad. Medications include Norco, Soma, Valium, and Motrin. A Request for Authorization dated 09-17-2015 is for Hydrocodone 10-325mg #90. On 09-01-2015 the Utilization Review non-certified the requested treatment Retrospective review of Hydrocodone/Acet (Vicodin; Anexsia; Lortab; Lorcet; Norco; Zydone) 325mg #90 (DOS: 07/14/15). Urine Drug Screen dated 3/13/15 was appropriate for all prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Hydrocodone/Acet (Vicodin; Anexsia; Lortab; Lorcet; Norco; Zydone) 325mg #90 (DOS: 07/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. There is no documentation of any assessment for pain or functional status. There is no noted screening for abuse or side effects except for a UDS from 3/15. Hydrocone/Acetaminophen is not medically necessary.