

Case Number:	CM15-0182519		
Date Assigned:	09/23/2015	Date of Injury:	06/27/2014
Decision Date:	10/29/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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:

Medical record dated 9-1-2015 note aching and stabbing sensation along with burning and numbness that radiates from the right side of lower lumbar spine into the buttock and down the posterior leg to the ankle and foot. Pain was currently rated a 9 out 10 with pain ranging between a 6-9 out 10. Medical record dated 7-23-2015 noted pain was 7 out of 10 with pain ranging between a 6-10 out 10. Norco allows him to drive to get his kids from school and decreases headaches and improved ability to move. Physical examination dated 9-1-2015 noted tenderness in the lower lumbar spine. He flexed with fingers going to knees which produced increased lower extremity symptoms, extends to 40 degrees without increased pain. Treatment has included physical therapy, toradol injection, and medications (Norco since at least 3-25-2015). MRI dated 2-27-2015 revealed transitional vertebrae with either a partially lumbarized S1 segment or sacralized L5 segment. There is degenerative disc desiccation and disc bulging with a right paracentral superimposed disc protrusion at L5-S1 narrowing in the lateral recess. RFA dated 9-1-2015 requested hydrocodone 10-325mg. Utilization review form dated 9-4-2015 modified Hydrocodone 10mg Acetaminophen 325 mg # 160.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg Acetaminophen 325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Hydrocodone 10mg Acetaminophen 325mg #180, 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 aching and stabbing sensation along with burning and numbness that radiates from the right side of lower lumbar spine into the buttock and down the posterior leg to the ankle and foot. Pain was currently rated a 9 out of 10 with pain ranging between a 6-9 out of 10. Medical record dated 7-23-2015 noted pain was 7 out of 10 with pain ranging between a 6-10 out of 10. Norco allows him to drive to get his kids from school and decreases headaches and improved ability to move. Physical examination dated 9-1-2015 noted tenderness in the lower lumbar spine. He flexed with fingers going to knees, which produced increased lower extremity symptoms, extends to 40 degrees without increased pain. Treatment has included physical therapy, toradol injection, and medications (Norco since at least 3-25-2015). The treating physician has not documented 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 10mg Acetaminophen 325mg #180 is not medically necessary.