

Case Number:	CM15-0037250		
Date Assigned:	03/05/2015	Date of Injury:	06/06/2003
Decision Date:	04/09/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 63-year-old female, who sustained an industrial injury on 6/6/03. She has reported pain in the back related to lifting a heavy object. The diagnoses have included lumbosacral neuritis, cervical degenerative disc disease, carpal tunnel syndrome, post laminectomy syndrome and brachial neuritis. Treatment to date has included transforaminal epidural steroid injection L4-S1, EMG study, and lumbar MRI, physical therapy and pain medications. As of the PR2 dated 2/11/15, the injured worker reports neck and low back pain that radiates to the lower extremities and causes numbness. The treating physician noted spasms and tenderness at L4-S1 bilaterally and moderate limitation of the lumbar range of motion. The treating physician requested to continue APAP/Hydrocodone compound CAP #150. On 2/18/15, Utilization Review modified a request for APAP/Hydrocodone compound CAP #150 to APAP/Hydrocodone compound CAP #90. On 2/24/15, the injured worker submitted an application for IMR for review of APAP/Hydrocodone compound CAP #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for APAP/hydrocodone compound CAP #150 for DOS 4/3/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 63-year-old female with an injury on 06/06/2003. She had back pain and had a laminectomy. She continues to have neck and back pain with decreased lumbar range of motion. MTUS guidelines for on-going treatment with opiates require that they must be improved functionality with respect to the ability to do activities of daily living or returning to work, monitoring for adverse effects and abnormal drug seeking behavior and documented improved analgesia. There was insufficient documentation to meet these criteria and the requested Hydrocodone 150 tablets were modified to 90 tablets to encourage weaning from opiates. I agree with this previous decision on this retrospective case for date of service 04/03/2012.