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| Case Number: | CM15-0050952 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 11/30/2009 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 (IW) is a 58-year-old female who sustained an industrial injury on 11/30/2009. Diagnoses include displaced lumbar intervertebral disc without myelopathy with radiculitis; thoracic or lumbosacral radiculitis; cervical intervertebral disc displacement with radiculitis; cervicalgia; low back pain and shoulder pain. Treatment to date has included medications, acupuncture and self-directed home exercise program. Diagnostics performed to date included MRIs. According to the progress report dated 2/3/15, the IW reported low back/thoracic spine pain radiating into the neck with bilateral upper extremity numbness and tingling. She reported pain was reduced by medications and acupuncture. A prescription for Hydrocodone/APAP was requested for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous treatment modalities and use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Hydrocodone/APAP is not substantiated in the records. The request is not medically necessary.