

Case Number:	CM15-0053827		
Date Assigned:	03/27/2015	Date of Injury:	07/27/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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 54-year-old female, who sustained an industrial injury on 7/27/2011. The current diagnoses are lumbar spine sprain/strain with radicular complaints and status post lumbar surgery. According to the progress report dated 1/9/2015, the injured worker complains of low back pain associated with numbness in the bilateral lower extremities. Treatment to date has included medication management, physical therapy, MRI, electrodiagnostic studies, 2 lumbar epidural steroid injections, and surgical intervention. The plan of care includes Hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10/325mg day supply #100 with zero refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: The patient is a 54-year-old female with an injury on 07/27/2011. She had lumbar surgery. As of 01/09/2015, she continued to have low back pain. For on-going opiate treatment MTUS criteria includes documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet these criteria and on-going opiate is not medically necessary.