

Case Number:	CM15-0057078		
Date Assigned:	04/01/2015	Date of Injury:	02/20/2005
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45-year-old male sustained an industrial injury to the back on 2/20/05. Previous treatment included magnetic resonance imaging, lumbar computed tomography myelogram, lumbar fusion times two, epidural steroid injections, physical therapy, aqua therapy, spinal cord stimulator trial, home exercise and medications. In a progress note dated 3/4/15, the injured worker complained of worsening back and leg pain symptoms bilaterally. The injured worker reported feeling as if he was going backward with respect to pain. He notes going to the Emergency Room during the last week due to severe pain. Current diagnoses included lumbar disc with radiculitis, lumbar post laminectomy syndrome, low back pain and lumbar spine stenosis. The treatment plan included refilling medications (Omeprazole, Norco, Ambien and Cyclobenzaprine), bilateral L5-S1 epidural steroid injection, laboratory studies, transportation for medical appointments and six sessions of physical therapy. The injured worker is pending updated imaging and interventional pain management procedures. On progress report dated 2/4/15 and prior, there is no indication that opioids were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actaminophen-hydrocodone 5/325mg #180 tablets (6/day): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines note that Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. In this case, the injured worker is followed for chronic pain status post multiple lumbar spine surgeries. On progress report dated 2/4/15 and prior, there is no indication that opioids were prescribed. The injured worker was evaluated on 3/14/15 reporting worsening symptoms and recent visit to the emergency room due to severe pain. The injured worker is pending additional imaging and treatment. As such, the request for Hydrocodone/APAP is supported at this time to address the recent increase in pain while the injured worker is pending further workup. The request for Actaminophen-hydrocodone 5/325mg #180 tablets (6/day) is medically necessary and appropriate.