

Case Number:	CM14-0110450		
Date Assigned:	08/04/2014	Date of Injury:	06/20/2008
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39 year old male who initially complained of cervical spine and lumbar spine pain. No description of the initial injury was provided in the clinical documentation. Utilization review dated 08/06/14 resulted in modified certification for the continued use of hydrocodone. MRI of the cervical spine dated 02/18/10 revealed mild left paracentral and lateral disc protrusion at C3-4 and C5-6. Mild annular disc bulge was identified at C6-7. MRI of the lumbar spine dated 07/28/10 revealed disc protrusion at L4-5. Grade 1 spondylolisthesis was identified of L5 to S1. Surgical note dated 12/16/10 indicated the injured worker undergoing L4 through S1 fusion. Clinical note dated 07/11/12 indicated the injured worker continuing with complaints of neck pain and low back pain. Numbness and tingling were identified in the left upper extremity. The injured worker utilized Norco and morphine. Clinical note dated 07/26/13 indicated the injured worker continuing with complaints of low back pain. The injured worker underwent hardware removal following the lumbar fusion. The injured worker utilized hydrocodone and morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Hydrocodonebit/APAP 10/325mg, # 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.