

Case Number:	CM14-0124180		
Date Assigned:	08/08/2014	Date of Injury:	09/26/2006
Decision Date:	10/22/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This injured worker is a 43-year-old male with a reported date of injury of September 26, 2006. The mechanism of injury was lifting wood beams, with the assistance of a co-worker, while working as a carpenter. His current diagnosis is sprain of the lumbar region (847.2). The injured worker was determined to be permanent and stationary by an agreed medical examination/qualified medical examination in April 2007. A pain management follow-up visit, dated May 30, 2014, reported complaints of cervical spine and lumbar spine pain rated as nine out of ten for the cervical spine and eight out of ten for the lumbar spine. The cervical spine pain is reported as constant and sharp, radiating to both shoulders and into the hands and fingertips with numbness, tingling and weakness. The lumbar spine pain is described as sharp and constant radiating to both legs and into the toes, with weakness and numbness. The injured worker reports the pain had increased since his office visit on February 28, 2014, as he has been without pain medication for about two months. Physical exam revealed antalgic gait on the right with exacerbation with, heel to toe walking, moderate tenderness over the lumbar paraspinal muscles, moderate facet tenderness and decreased sensation along the L5 dermatome on the right. The injured worker is awaiting surgical intervention. The treating physician provided refills of prescriptions of oxycodone 20mg, Fioricet, Protonix 20mg and Norco 10/325mg. A prior utilization review denied the request for hydrocodone/APAP [Norco] 10/325 mg #120 as a 30 day supply on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #120 Supply: 30 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the MTUS Chronic Pain section, chronic opioids should be continued only if the injured worker has significant functional or pain improvement or has returned [safely] to work. This information was not presented. Generally only one opioid at a time is recommended. The patient was also receiving Oxycodone. There is no quality evidence of the effectiveness of chronic opioids. For these reasons, the request is not supported by evidence-based guidelines and is not medically necessary.