

Case Number:	CM14-0138307		
Date Assigned:	09/05/2014	Date of Injury:	11/18/2002
Decision Date:	09/30/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 39 year-old with a reported date of injury of 11/18/2002. The patient has the diagnoses of lumbago, lumbar disc displacement without myelopathy, sciatica and chronic pain syndrome. The progress reports provided by the primary treating and requesting physician dated 08/26/2014 states the patient had complaints of low back pain, which was, worse and rated a 8/10. The patient also stated there was numbness in the hands bilaterally and left sided neck pain. The physical exam noted the patient to be morbidly obese but not other abnormalities were noted. Treatment recommendations included continuation of pain medication, request for bilateral soft knee braces and elbow sleeves and a request for a GI consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, qty 180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 78-81, 89, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The long-term use of this medication is not recommended per the California MTUS. The re has been no documentation of significant improvement in function or pain with

the medication. The patient is not currently working. There is no documentation of failure of first line recommended agents. Previous utilization reviews had called for weaning of the medication. The above criteria for on going and continued use of opioids have not been met. In the absence of meeting recommendation guidelines the request cannot be considered medically necessary.