

Case Number:	CM14-0138874		
Date Assigned:	09/05/2014	Date of Injury:	08/29/2008
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, foot, and ankle pain reportedly associated with an industrial injury of August 29, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar laminectomy surgery; multiple foot and ankle surgeries; and opioid therapy. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for Hydrocodone-Acetaminophen on the grounds that the attending provider had failed to submit a signed request for authorization form. The claims administrator, however, stated that it was denying the request based on lack of a signed request for authorization (RFA) form. The applicant's attorney subsequently appealed. In a July 23, 2014, progress note the applicant reported persistent complaints of low back and bilateral lower extremity pain. The applicant was reportedly using Duragesic, Norco, Effexor, Elavil, and Viagra. The treating provider posited that the applicant's pain levels dropped from 8/10 to 5/10 with ongoing usage of Duragesic and Norco. The attending provider did not, however, state what function or functionalities have been improved as a result of ongoing medication therapy. The applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place. On August 15, 2014, the attending provider posited that the applicant's pain levels dropped from 8-9/10 without medications to 5-6/10 with medications. The attending provider posited that the combination of Duragesic, Norco, Elavil, and Effexor were ameliorating the applicant's pain complaints, motivation, mood, and ability to perform activities of daily living including household chores, cooking, cleaning, laundry, and personal hygiene. Multiple medications were refilled. has been treated with the following: Analgesic medications; attorney representations; earlier lumbar laminectomy surgery; multiple foot and ankle surgeries; and opioid therapy.

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IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Hydrocodone

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it does not appear that the applicant has returned to work, it does appear that the applicant is deriving appropriate reduction in pain levels through ongoing Norco usage. The attending provider reported that the applicant's pain levels are dropping from 8-9/10 without medications to 5-6/10 with medications, including Norco. The attending provider has also posited that ongoing usage of hydrocodone-acetaminophen has ameliorated the applicant's ability to perform cooking, cleaning, laundry, self-care, personal hygiene, ambulate, etc. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.