

Case Number:	CM14-0186873		
Date Assigned:	11/14/2014	Date of Injury:	06/30/2000
Decision Date:	12/16/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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:

There were 72 pages provided for this review. The claimant is described as a 47-year-old man who had low back pain following an employment related injury 14 years ago. Notes attest he has family trouble. His son moved back in and is not taking steps to get employment. The pain is the same. The claimant takes hydrocodone APAP, and Celebrex. He uses a TENS unit daily. His injury occurred June 30, 2000 when he slipped off the step of his logging truck and landed on the right foot. The pain in his low back and right hip prevented him from working. He went to an emergency room nine days later. An MRI reportedly showed a rupture at L3-L4 disc with a fragment against the L3 nerve root and edema in the fat in the corresponding neural foramen. A series of epidural steroid injections did not help and he had an L3-L4 microdiscectomy by [REDACTED]. For depression he takes fluoxetine was some benefit. The application for independent medical review was for the hydrocodone APAP 10\325 mg number which was modified to one prescription of hydrocodone APAP 10\325 mg number 60. In the most recent report from November 5, 2014 the pain remained quite significant and was clearly excessive. His low back pain was aggravated by doing light housework. He also had paresthesia and pain in the right small toe. The new request was reportedly the minimum he could tolerate which was hydrocodone APAP 10\325 mg one every six hours as needed for pain number 120. He was also counseled on nutrition, posture and lifting. The request for the hydrocodone APAP appeared clinically appropriate but for weaning purposes only. The previous reviewer felt that weaning began in October and should continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /APAP 10/325mg #120 with 1 refill: Upheld

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

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

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. The claimant appears in the weaning phase of the medicine, and too much was requested in the original request. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.