

Case Number:	CM14-0092996		
Date Assigned:	07/25/2014	Date of Injury:	10/15/2008
Decision Date:	06/08/2015	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 is a 69 year old male with an October 15, 2008 date of injury. A progress note dated May 29, 2014 documents subjective findings (constant lower back pain with bilateral lower extremity radiculopathy symptoms; constant bilateral hip pain that radiates from the lumbar spine with right side greater than left), objective findings (diffuse palpable tenderness from L1-S1 of the lumbar spine; tenderness in the bilateral paraspinal muscles; negative straight leg raises bilaterally; decreased bilateral quadriceps strength; limited flexibility; tenderness of the bilateral hips in the greater trochanteric region; pain in the bilateral hips with internal and external rotation; moderate antalgic gait, using mobi leg crutches) and current diagnoses (lumbar spine disc contusion with foraminal stenosis; bilateral hip arthrosis; probable umbilical hernia; psychological complaints). Treatments to date have included home exercise, medications, imaging studies, diagnostic testing, and aqua therapy. The treating physician documented a plan of care that included Tylenol #3 and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tylenol #3, 300/30mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 69 year old male with an injury on 10/15/2008. On 05/29/2014 he had back pain and hip pain. Tylenol #3 contains codeine, an opiate. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria and therefore the request is not medically necessary.

1 Prescription of Ultracet 37.5/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 69 year old male with an injury on 10/15/2008. On 05/29/2014 he had back pain and hip pain. Ultracet is an opiate. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria and therefore the request is not medically necessary.