

Case Number:	CM15-0010224		
Date Assigned:	01/29/2015	Date of Injury:	05/29/2009
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 injured worker is a 34 year old female, who sustained an industrial injury on May 29, 2009. The diagnoses have included status post L5-S1 fusion for spondylitic spondylolisthesis with pars fracture, degenerative L4-L5 disc, reactive depression, bilateral lumbar S1 radiculopathy, spondylolisthesis L5-S1 6-7mm translation, bilateral leg weakness, possible lumbar facetallly generated pain bilaterally, and complex regional pain syndrome (CRPS). Treatment to date has included lumbar fusion, and medications. Currently, the injured worker complains of low back pain, thermally sensitive, has allodynia, hyperalgesia, cold feet, swelling and sweating in both legs and feet. The PR-2 Physician's report dated January 6, 2015, noted the injured worker had a recent exacerbation of the back pain which required an emergency room visit. The injured worker reported being more symptomatic on the right side, with motor weakness bilaterally down the side/leg. Physical examination was noted to show the iliacs in spasm upper gluteals bilaterally, tenderness in all interspaces of the spine, and bilateral lumbar facets L3-L4-L5. The injured worker received an intramuscular injection of Ketorolac 60mg. On January 8, 2015, Utilization Review non-certified Hydrocodone/ Acetaminophen 5/325MG #19, noting that due to non-compliance with medication guidelines, the medical necessity was not established. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of Hydrocodone/ Acetaminophen 5/325MG #19.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ Acetaminophen 5/325MG #19: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request is considered not medically necessary. The patient has been on opiates for unclear amount of time without quantifiable objective documentation of the improvement in pain. The patient is on Percocet but is currently, Hydrocodone-acetaminophen is being reviewed. There is no documentation of what her pain was like previously and how much hydrocodone-acetaminophen decreased her pain. There is no documentation of three of the four A's of ongoing monitoring: pain relief, side effects, and aberrant drug-related behaviors. The patient was stated to have a drug contract and no aberrant behavior but there are no urine drug screens or drug contract included in this limited chart. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for hydrocodone-acetaminophen is considered medically unnecessary.