

Case Number:	CM15-0074483		
Date Assigned:	04/24/2015	Date of Injury:	01/24/2000
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48-year-old male, who sustained an industrial injury on 01/24/2000. He has reported subsequent back, neck and lower extremity pain and was diagnosed with post-laminectomy syndrome of the lumbar spine, sciatic and neck sprain. Treatment to date has included oral and topical pain medication, a home exercise program and a spinal cord stimulator. In a progress note dated 02/12/2015, the injured worker complained of neck and lower back pain radiating to the left lower extremity with numbness and tingling of the left leg. Objective findings were notable for an antalgic gait. A request for authorization of Hydrocodone/Acetaminophen refill was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / acetaminophen 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 48 year old male has complained of low back pain and neck pain since date of injury 1/24/00. He has been treated with surgery, physical therapy, spinal cord stimulation and medications to include opioids for at least 1 month duration. The current request is for Hydrocodone/acetaminophen 10/325. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone/acetaminophen is not indicated as medically necessary.