

Case Number:	CM14-0141386		
Date Assigned:	09/18/2014	Date of Injury:	08/03/2003
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 48-year-old female who reported an injury on 08/03/2003. The mechanism of injury was not submitted for clinical review. The diagnoses included herniated nucleus pulposus of lumbar spine, sciatica, lumbosacral degenerative disc disease, radiculopathy of the spine/lumbar/leg. The previous treatments have included medication, physical therapy, TENS unit, and injections. The diagnostic testing included an MRI. Within the clinical note dated 08/12/2014, it was reported the injured worker complained of pain and discomfort in the low back to left hip, buttock, and leg. Upon the physical examination, the provider noted marked tenderness of the left sciatic notch and a positive straight leg raise. The provider requested for Lortab; however, the rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 7.5/325mg, 1-2 tablets, every 4 to 6 hours as needed, #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 74-97.

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

Decision rationale: The request for Lortab 7.5/325 mg 1 to 2 tablet every 4 to 6 hours as needed #60 with 1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of the urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.