

Case Number:	CM14-0141668		
Date Assigned:	09/10/2014	Date of Injury:	08/24/2009
Decision Date:	10/20/2014	UR Denial Date:	08/01/2014
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 Family 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:

The injured worker is a 53 year old male injured on 08/24/09 while lifting a 150 pound object, twisted and felt something pop in the low back. Prior treatment included seven sessions of chiropractic therapy in 2012, 24 sessions of acupuncture therapy, rhizotomy on 12/13/13, medial branch block on 05/16/13, transforaminal epidural steroid injection on 02/22/13 and 08/24/12. Diagnoses included facet arthropathy of the lumbar spine, right sacroiliac joint pain, bilateral neural foraminal narrowing of lumbar spine, and right lower extremity radiculitis. Clinical note dated 07/09/14 indicated the injured worker presented complaining of low back pain rated 6/10. The injured worker reported reduction in pain and increase in level of function following rhizotomy performed two months prior to evaluation. The injured worker complained of numbness in the right lower extremity aggravated with sitting and standing for long periods of time. Medications included Norco, Zanaflex, Norflex, and Terocin patches. The injured worker reported the medications decreased the pain from 9/10 to 6/10 and allowed him to walk farther and longer distances. Physical examination revealed mildly antalgic gait, decreased range of motion in all planes of lumbar spine, positive facet loading on the right L3-4, L4-5 facets, negative straight leg raise bilaterally, positive muscle spasms bilateral paravertebral muscles musculature, intact bilateral lower extremities sensation, and 4/5 strength in bilateral lower extremities. Treatment plan included aqua therapy two times a week for six weeks and prescription for Norco 10/325mg, Norflex, and Terocin patch. The initial request was non-certified on 08/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The injured worker reported the medications decreased the pain from 9/10 to 6/10 and allowed him to walk farther and longer distances. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Hydrocodone/APAP 10/325mg #150 is recommended as medically necessary at this time per MTUS guidelines.