

Case Number:	CM14-0145757		
Date Assigned:	09/12/2014	Date of Injury:	02/01/2007
Decision Date:	10/22/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 Texas. 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 41 year old female who sustained an injury on 02/01/07 due to cumulative trauma without a focal incident. The injured worker had been followed for ongoing complaints of chronic low back pain. The injured worker has attended prior acupuncture sessions, underwent epidural steroid injections, and has utilized narcotic medications, NSAIDs, and muscle relaxers. As of 07/29/14 the injured worker continued to report low back pain that waxed and waned. The injured worker's medications included Norco 10/325mg twice daily and Soma 350mg daily. The injured worker's physical exam noted loss of lumbar range of motion without tenderness to palpation. As of 08/19/14 the injured worker reported increasing pain due to the reduction of Norco to no more than 40 per month. This limited the injured worker's ability to perform normal activities of daily living. The injured worker was attending chiropractic therapy as well as aquatic therapy. The injured worker was also taking Butrans 10mcg. The injured worker's physical exam noted pain with ambulation. The injured worker could not tolerate sitting. A spinal cord stimulator trial was discussed. The injured worker was using medical marijuana. No recent urine drug screen was noted. The injured worker's medications were denied on 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Acetaminophen-Hydrocodone 10/325mg #90: 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 Page(s): 88-89.

Decision rationale: In regards to the use of Hydrocodone 10/325 mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Per guidelines, ongoing management with opioids require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gain, and appropriate medication use in the absence of side effect or aberrant drug-taking behaviors. Any associated improvement in function from prior opioid therapy was not documented. The computed morphine equivalent dose for this case is not within ODG endorsement of up to 100 mg per day. There is no pain contract, pill count, behavioral evaluation, CURES report, or urine drug screen submitted for review to indicate lack of drug misuse/abuse. As such, this reviewer would not have recommended this medication as medically necessary.