

Case Number:	CM14-0120001		
Date Assigned:	09/16/2014	Date of Injury:	10/29/2007
Decision Date:	09/04/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 60 year old male who sustained an industrial injury on 10-29-2007. He has reported persistent low back pain and has been diagnosed with herniated nucleus pulposus L4-5 and L5-S1, facet arthropathy of lumbar spine, and right ankle degenerative joint disease status post ORIF. Treatment has included medications, surgery, and injections. He also reports increasing left heel pain. There was tenderness over the plantar aspect of the left foot. There was tenderness to palpation of the lumbar midline. There was decreased flexion and extension. There was decreased sensation to the left L4, 5, and S1. Straight leg raise was positive on the right and positive on the left. There was a positive facet challenge in the lumbar spine bilaterally. The treatment plan included medications. The treatment request included hydrocodone-APAP 10-325 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 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
Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation does not support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.