

Case Number:	CM13-0012861		
Date Assigned:	09/24/2013	Date of Injury:	09/13/2009
Decision Date:	01/21/2014	UR Denial Date:	07/20/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology 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 physician 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 patient is a 48-year-old female with a reported date of injury of 09/13/2009. The patient has been treated with physical therapy, chiropractic care, injections, diagnostic studies, and medication management. The patient has current complaints of low back pain and right shoulder pain. The patient is noted to have restricted and painful range of motion of the lumbar spine. The current treatment plan is for ongoing medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 5-500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: CA MTUS guidelines state "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant

drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review fails to indicate the patient has any significant pain relief or objective functional improvement with medication regimen including hydrocodone to support ongoing use. Furthermore, the most recent urine drug screen was noted to be negative for opiates. Given the above, there is a lack of documentation of the 4 A's in accordance with California MTUS Guidelines prior to ongoing management of opioids. As such, the request for Hydrocodone-acetaminophen 5-500mg #60 is non-certified at this time.