

Case Number:	CM13-0015172		
Date Assigned:	12/27/2013	Date of Injury:	05/15/2002
Decision Date:	03/26/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine & Rehabilitation 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 57-year-old male who reported injury on 05/15/2002. The mechanism of injury was stated to be the patient attempted to push a pallet containing 85 doors. Per the application for independent medical review, the request was made for retrospective Synovacin 500 mg, retrospective hydrocodone 10/325 and Retro Acetadryl 500-25mg #100 DOS 3/25/13. Per the documentation of 03/25/2013, the patient was noted to have persistent low back pain with radiating symptoms to lower extremities. The pain was noted to be a 6/10 to 7/10 without medications. With medications, it was noted it goes down to 4/10. The patient's diagnosis was noted to be lumbar sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hydrocodone 10-325mg #180 DOS 3/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 60, 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines indicate that opiates are appropriate for chronic pain. Additionally, it indicates that there must be

documentation of an objective decrease in the visual analog scale, objective functional improvement, documentation of adverse side effects and documentation of possible aberrant drug behavior. The patient had pain of a 6-7/10 without medications and a 4/10 with medications. There was a lack of documentation of the patient's objective functional improvement, adverse side effects, or aberrant drug taking behavior. Given the above, the request for retrospective hydrocodone 10/325 mg #180 is not medically necessary.

Retro Acetadryl 500-25mg #100 DOS 3/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment, Diphenhydramine; and <http://www.drugs.com/search.php?searchterm=+Acetadryl+>

Decision rationale: California MTUS guidelines recommend acetaminophen for the treatment of chronic pain. Official Disability Guidelines recommends sedating antihistamines for sleep aids. However, Official Disability Guidelines does not recommend compounded medications as a first line therapy for pain and they are recommended only after a trial and failure of first-line FDA-approved drugs. Per drugs.com Acetadryl is a combination of acetaminophen and diphenhydramine. The patient had pain of a 6-7/10 without medications and a 4/10 with medications. There was a lack of documentation indicating the objective functional benefit received from the medication and that the patient had trialed and failed a first line therapy. Given the above, the request for Retro Acetadryl 500-25mg #100 DOS 3/25/13 is not medically necessary.