

Case Number:	CM13-0017277		
Date Assigned:	10/11/2013	Date of Injury:	05/01/2007
Decision Date:	09/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 05/05/2007 due to unknown circumstances. The injured worker complained of back pain which was aggravated with bending, driving, and descending stairs. The injured worker also reports some numbness in the left lower extremity, the back of the knee. The injured worker rated the pain at 6/10. On physical examination dated 05/30/2013, it was indicated that the injured worker has chronic low back pain that increased with bending, descending stairs, and driving. The injured worker demonstrated decreased lower extremity strength and pain with extension and rotation. The injured worker also demonstrated pain with extension and some left lateral rotation. The injured worker's prior treatment plan included core exercise, a stretching program, physical therapy, hot and cold packs, and manual therapy. There was no documented surgical history. The provider's treatment plan was for a home exercise program. Treatment plan request was for Hydrocodone/APAP 7.5/750 mg. The rationale for the request was not submitted with documentation for review. The Request for Authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 7.5/750MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Hydrocodone/APAP 7.5/750 mg #90 is not medically necessary. According to the California MTUS Guidelines, the criteria for the use of ongoing opioid use include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines also state that 4 domains have been proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning and occurrence of any potentially aberrant drug related behavior. The injured worker complained of low back pain and left lower extremity to the back of the knee rating pain at 6/10. The injured worker has been utilizing the medication since 07/2013. The provider failed to document a complete adequate pain assessment. There is lack of documentation of the efficacy of the medication as evidence by significant functional gain. Additionally, the use of a urine drug screen was not provided. The frequency of the medication was not documented on request. As such, the request for Hydrocodone/APAP 7.5/750 mg #90 is not medically necessary.