

Case Number:	CM13-0019433		
Date Assigned:	10/11/2013	Date of Injury:	08/27/2010
Decision Date:	01/06/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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 California. 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 underlying date of injury in this case is 08/27/2010. An initial physician review notes that this is a 29-year-old man who was injured when he was delivering long and heavy pieces of wood, requiring him to twist and turn his lower back. That report discusses the diagnoses of lumbar spondylosis, myofascial pain, fear-based avoidance of activity, depression, and review of his treatment in the past including 3 weeks of a part-day functional restoration program, activity modification, and medication. A prior physician review indicates there was not consistency with opioid prescribing by one prescriber and notes past prescriptions for flares of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5, 500mg: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic

pain patients on opioids. The medical records in this case document titration of opioid prescriptions largely based on subjective symptoms without clear titration based on functional goals and without overall supervision and monitoring of the patient's opioid prescription based upon the 4 domains documented in the medical guidelines. Overall, the medical records and guidelines do not support this request as consistent with the 4 domains of opioid monitoring. The request for hydrocodone/APAP 500mg is not medically necessary and appropriate.