

Case Number:	CM13-0021181		
Date Assigned:	11/08/2013	Date of Injury:	04/24/2012
Decision Date:	08/07/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 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 70-year-old male with a reported injury date of 04/24/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 09/13/2013 reported that the injured worker complained of ongoing low back pain with radiating pain down the right leg, associated with numbness and tingling. The physical assessment was not provided within the clinical notes. The injured worker's prescribed medication list included Cymbalta, etodolac, and hydrocodone/acetaminophen. The injured worker's diagnoses included lumbar radiculopathy and chronic pain syndrome. The provider requested hydrocodone/acetaminophen 10/325 mg. The rationale was not provided within the clinical notes. The Request for Authorization was submitted on 09/06/2013. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST AND OPIOIDS, CRITERIA FRO USE Page(s): 91; 78.

Decision rationale: The MTUS Chronic Pain Guidelines state that hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The MTUS Guidelines recognize four domains that 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 non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of hydrocodone/acetaminophen as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screen to evaluate proper medication adherence in the submitted paperwork. Furthermore, the request as provided did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary and appropriate.