

Case Number:	CM13-0021447		
Date Assigned:	11/08/2013	Date of Injury:	05/24/2000
Decision Date:	01/28/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida 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 44-year-old male who reported a work related injury on 05/24/2000. The mechanism of injury was noted as a slip and fall with injury to the patient's low back, left side, and left hip. The patient has undergone conservative therapy to include physical therapy, chiropractic treatment, and multiple medications. He is not a surgical candidate. The patient has an exercise program that he does at home on a regular basis and continues to work part time. The patient has undergone urine toxicology screens. His diagnoses include lumbar radiculopathy, myalgia and myositis, and lumbar/lumbosacral disc degeneration. A request was made for a prescription of hydrocodone/acetaminophen 10/325 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of hydrocodone/acetaminophen 10/325 mg (#180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: Recent clinical documentation submitted for review stated the patient presented for follow-up for regular medication management. The patient stated he had significant

improvements in pain and function with his current treatment plan. The patient reported his pain level with medications was 5/10 and without medications was noted as 6/10 to 10/10. It was noted the patient's urine toxicology screens had been appropriate. The patient was noted to have an antalgic gait with pain and difficulty in transferring from sitting to standing. California Chronic Pain Medical Treatment Guidelines indicate an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be noted for patients taking opioids for pain management. There were no functional benefits or improvements noted for the patient which could be objectively measured to include range of motion measurements or activities of daily living, due to the use of hydrocodone/acetaminophen. The California Chronic Pain Medical Treatment Guidelines recommend the continued use of hydrocodone/acetaminophen if there is functional improvement with medication use. Therefore, the decision for prescription of hydrocodone/acetaminophen 10/325 mg (#180) is non-certified.