

Case Number:	CM13-0025159		
Date Assigned:	11/20/2013	Date of Injury:	03/02/2010
Decision Date:	01/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/14/2013

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 Internal Medicine and Cardiology 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 patient is a 48-year-old male who reported injury on 03/02/2010. The patient was noted to have pain in the low back radiating into the left buttock with left foot paresthesias. The diagnoses were noted to include lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar sprain/strain, left S1 radiculopathy, and left paracentral disc protrusion at L5-S1. The request was made for hydrocodone 10/325 mg #120 refill x 2 QTY 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120 refill x 2 QTY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

Decision rationale: California MTUS guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated that the patient's pain was reduced by 70% with the medication. The patient's medication was

noted to increase functionality in the activities of daily living including food preparation, basic home care, standing longer than 30 minutes at a time, and completing a home exercise program. The patient's drug urine screen results were noted to be consistent with the medications. The patient was noted to not show any signs of misuse or abuse with the medication. The patient was noted to not display aberrant behavior. The patient was noted to be up to date on the pain contract and had no adverse reactions to the medication. However, the clinical documentation submitted for review failed to provide the necessity for refills times 2 and failed to provide documentation of exceptional circumstances to allow for refills. Given the above, the request for hydrocodone 10/325 mg #120 refill x2 QTY 120 is not medically necessary.