

Case Number:	CM13-0025184		
Date Assigned:	11/20/2013	Date of Injury:	11/20/2010
Decision Date:	01/21/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Anesthesiologist, 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 43-year-old male who reported an injury on 11/20/2010. The mechanism of injury was not provided. The patient's pain was noted to be 7/10 on a pain scale. The patient was noted to have difficulty sleeping at night secondary to pain. The diagnoses were noted to include lumbar disc herniation at L4-5 and L5-S1, bilateral L5 pars fractures, disc herniations of the cervical spine and cervical stenosis. The request was made for 1 prescription of hydrocodone/APAP 7.5/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The patient was noted to be taking Norco on an as needed basis and it was noted the

Norco helped with the patient's pain level. The patient's pain was noted to be 7/10. The clinical documentation submitted for review failed to provide the necessity for 90 tablets of hydrocodone. Additionally, it failed to provide documentation of the 4 A's as per California MTUS Guideline recommendations. Given the above, the request for 1 prescription of hydrocodone/APAP 7.5/325 mg #90 is not medically necessary.