

Case Number:	CM13-0026168		
Date Assigned:	11/22/2013	Date of Injury:	12/23/2012
Decision Date:	01/29/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/18/2013

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 Medicine 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 49-year-old who sustained a work-rated injury on 12/23/2012. The most recent evaluation dated 09/17/2013 documented reports of 0/10 to 2/10 pain by the patient. Physical examination revealed tenderness to palpation, decreased range of motion, and intact motor sensation. The patient's diagnoses included lumbago, cervicgia, and herniated nucleus pulposus. The treatment plan included a request for authorization for hydrocodone/APAP/5.325mg, trazodone, Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription of Hydrocodone/APAP 5/325 mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): s 74-80.

Decision rationale: CA MTUS Guidelines recommends the documentation of "4 A's" which consists of "(analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The

clinical information submitted for review lacks documentation of analgesic efficacy or functional improvement being obtained thru the continued use of the requested medication. Additionally, there is no indication that the patient has been able to return to work. As such, the request for 1 prescription of hydrocodone/APAP 5/325 mg #45 is noncertified.