

Case Number:	CM13-0029785		
Date Assigned:	11/27/2013	Date of Injury:	01/02/2011
Decision Date:	01/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/25/2013

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 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 22-year-old female who reported an injury on 01/02/2011. The mechanism of injury was a fall. Her resulting injuries were a fractured left wrist and a compression fracture of T-11. She then received 6 sessions of physical therapy for the wrist and 12 for the lumbar spine. Other therapies she has utilized include medication management, chiropractic care, and 12 sessions of acupuncture with some improvement. It is noted in the clinical note dated 07/03/2012 that the patient continues to have low back pain but is able to decrease medications and increase function with the acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone (Norco 5-325) tablet qty 12, 2 tablets twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-95.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend opioids to treat chronic pain. However, there are certain criteria that must be documented during on-going management. These criteria include assessing the 4 A's on each clinic visit (analgesia,

adverse side effects, activity tolerance, and aberrant behavior) as well as frequent urine drug screens. In the records submitted for review, there is no evidence of a urine drug screen being done at any time, no objective documentation of pain levels or the effect the medications have on activities of daily living. There is also no report as to how often she uses the medication. As such, the retrospective request for hydrocodone (Norco 5-325) tablet, qty 12, 2 tablets twice daily, dispensed 08/08/2013 is non-certified.