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| Case Number: | CM13-0044110 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/27/2011 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/28/2013 |

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 Physical Medicine & Rehabilitation 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 56-year-old male who reported a work-related injury on 03/27/2011, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: lumbar spine disc herniations, lumbar spine degenerative disc disease, lumbar spine mild foraminal stenoses, lumbar facet arthropathy, and lumbar radiculopathy. The provider documents the patient presents with a rate of pain at a 7/10. The patient's self-reporting form dated 09/05/2013 reports the patient states his current pain situation is 60% worse. The patient also reported constipation with use of hydrocodone. The provider documented the patient was provided with Norco 5/325, 45 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of Hydrocodone/APAP 5/325mg, #45: 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.

Decision rationale: The current request is not supported. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on

opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (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 documentation submitted for review lacks evidence of the patient having presented with a significant decrease in rate of pain on a VAS, and increase in objective functionality as a result of chronic utilization of hydrocodone/APAP 5/325. Without documentation evidencing quantifiable efficacy of the patient's current medication regimen, the request for retrospective prescription of hydrocodone/APAP 5/325 mg, #45 is not medically necessary or appropriate.