MAXIMUS Federal Services

Case Number:	CM13-0046869		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2005
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of 7/28/05. A utilization review determination dated 10/25/13 recommends non-certification of hydrocodone/APAP. A progress report dated 11/14/13 identifies subjective complaints including severe low back pain 8/10 and mild radiation to the lower extremities, difficulty with ADLs (activities of daily living), with pain increased along with mild left leg numbness and tingling, and headaches. The medication was said to help alleviate her symptoms. Objective examination findings identify lumbar spine spasm and tenderness, limited ROM (range of motion), sciatic stretch sign and SLR (straight leg raise) was positive on the left. T he provider notes that the patient verbalized improvement and relief from the pain medications and creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for hydrocodone/APAP, the California Pain Medical Treatment Guidelines state that hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The MTUS guidelines recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the hydrocodone is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS (numerical rating scale), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested hydrocodone/APAP is not medically necessary.