MAXIMUS Federal Services

Case Number:	CM13-0055036		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2008
Decision Date:	08/01/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Oklahoma and Texas. 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 expert 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 injured worker is a 39-year-old who reported an injury on June 20, 2008. The mechanism of injury was lifting. The patient's current diagnoses include lumbar disc displacement without myelopathy and cervical disc displacement without myelopathy. His previous treatments included medications, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic care, surgery, exercise, and injections. Within the most recent clinical note dated October 10, 2013, the injured worker had complaints of persistent neck pain. The clinical notes also indicated the injured worker was recovering from a lumbar spine surgery where he had hardware removed. The physician reported a cervical MRI dated May 29, 2013, compared to a previous study from 2010, indicated there was cervical straightening, small disc osteophytes at the C5-6 and the C6-7 with minimal narrowing in association, and early uncinate and facet ridging noted at several levels, also without stenosis. The physician's treatment plan included refills for his medications. The current request is for 1 prescription for hydrocodone/BIT APPROPRIATE 10/325 mg #180. The request rationale was to decrease pain. The request for authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management/Hydrocodone/Acetaminophen Page(s): 78 and 91.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines recommend, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors and adverse side effects. The pain assessment should include current pain, the least pain reported over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation submitted for review indicated that the injured worker had complaints of increased neck pain. However, there was no pain assessment to provide details of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use, aberrant drug-taking behaviors, and adverse side effects to support the request. The current request also failed to indicate the frequency for the medication. As such, the request for hydrocodone/APAP 10/325 mg, 180 count, is not medically necessary or appropriate.