

Case Number:	CM13-0066735		
Date Assigned:	01/03/2014	Date of Injury:	06/24/2012
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation and is licensed to practice in 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 patient is a 30-year-old male who reported an injury on 06/24/2012. The mechanism of injury was noted to be the patient fell backwards striking his low back on the door frame of a large outdoor container. The patient was treated with over-the-counter medications and physical therapy, as well as Norco. Documentation of 08/26/2013 revealed that the patient was taking oral medications. The patient was able to perform activities of daily living and personal hygiene including cleaning, showering, and brushing. The request was made for Vicodin as needed for pain #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications, Opioids, Hydrocodone and Acetaminophen (Vicodin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60 and 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS (Visual Analog Scale) score, and evidence that the patient is being monitored for aberrant

drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was lack of documentation indicating the patient had an objective decrease in the VAS score. There was documentation the patient was able to perform household chores. However, there was lack of documentation indicating measurable, objective improvement in function. There was documentation the patient had evidence of being monitored for aberrant drug behavior through urine drug screens. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for hydrocodone/ APAP 10/325 mg is not medically necessary or appropriate.