

Case Number:	CM14-0003323		
Date Assigned:	01/31/2014	Date of Injury:	12/29/2008
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 has a subspecialty in Pain Management 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 injured worker reported an injury on 12/29/2008. The mechanism of injury was not provided within the documentation. The clinical note dated 12/12/2013 reported the injured worker complained of sharp pains down the lateral right side to the level of the knee but not below. The injured worker had mild tenderness to palpation and percussion in the lower lumbar segment. The injured worker had diagnoses including lumbar degenerative disk disease, status post L-3, 4 discectomy with residual L-3 radiculopathy on the right. The provider requested Hydrocodone/APAP 10-325 mg # 120. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE /APAP 10-325 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, On-Going Management, Page(s): 78-79.

Decision rationale: The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the last reported pain over the period since last assessment, average pain level, intensity of pain after taking the medication, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation noting whether the injured worker had any significant pain relief from the requested medication or significant functional improvement in her activities of daily living. The requesting physician did not include an adequate and complete assessment of the injured worker pain. Additionally, there is a lack of any urine drug screen being performed within the documentation. Therefore, the request for Hydrocodone/APAP 10-325 mg #120 is not medically necessary and appropriate.