MAXIMUS Federal Services

Case Number:	CM14-0003741		
Date Assigned:	01/31/2014	Date of Injury:	02/06/2006
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
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 and Rehabilitation, has a subspecialty in Sports Medicine, 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 is a 57-year-old who reported an injury on February 6, 2006. The mechanism of injury was not provided. The clinical note dated March 25, 2014 reported that the injured worker complained of low back pain rated at a 7/10. The injured worker's medication regimen included Cymbalta, Wellbutrin, Ibuprofen, Vicodin, and Ambien. The physical examination reported the range of motion was 25% of expected limited only in extension, left extremity stretch reflexes were 1+ bilaterally and sensory deficit of left leg in L3-4 and L5-S1 dermatomal distributions. The diagnoses included lumbar disc disease, left sciatic neuropathy. The treatment included acupuncture and medication renewal. The request for authorization was submitted on December 2, 2013. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE (ACETAMINOPHEN) 5/325 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS FOR CHRONIC PAIN, 80

Decision rationale: The CA MTUS Guidelines states opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear, but also appears limited. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include: current pain; the least reported pain 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the clinical information, provided for review, the injured worker reportedly stated the medication regimen helps; however there is no documentation to show evidence of decrease in pain over the course of treatment. There is a lack of documentation indicating the injured worker had significant objective functional improvement with medication and the requesting physician did not included an adequate and complete assessment of the injured worker's pain. In addition, the requesting physician did not include the quantity of medication requested. The request for Hydrocodone (acetaminophen) 5/325 mg is not medically necessary or appropriate.