MAXIMUS Federal Services

Case Number:	CM14-0004681		
Date Assigned:	05/23/2014	Date of Injury:	06/14/2012
Decision Date:	07/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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, 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 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 32-year-old who reported an injury on June 4, 2012 secondary to moving furniture. His diagnoses include left lumbar radiculopathy and chronic pain syndrome. His medications were noted to include Norco 5/325 mg every 8 hours as needed and Pamelor 25 mg at bedtime. According to the medical records submitted for review, the injured worker has used Norco since at least May 7, 2013. The injured worker was evaluated on November 18, 2013 and reported 7/10 low back pain with left lower extremity numbness and tingling. He reported that his medications helped to decrease his pain by more than 50% temporarily and allowed him to increase his activity level. He denied any side effects. On physical examination, the injured worker was noted to have tenderness to palpation of the lumbar spine, decreased range of motion of the lumbar spine to the left L3 and L4 dermatomes, intact sensation, 4/5 strength in the left tibialis anterior, EHL, and inversion, normal reflexes in the bilateral patella and Achilles, and a positive straight leg raise on the left. The injured worker was recommended for a spine surgery consultation and continued medications. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. The injured worker reported 7/10 back pain. It was noted that he has used hydrocodone since at least May 7, 2013. The injured worker reported that the medications helped to decrease his pain by more than 50% and allowed him to increase his activity level. He denied any side effects of medications. Although recent documentation indicates quantifiable pain relief and the absence of side effects with the injured worker's use of hydrocodone, there is a lack of documented evidence of specific objective functional improvement with the use of this medication. Additionally, the medical records submitted for review failed to provide a recent urine drug screen to monitor for appropriate medication use. In the absence of specific objective functional improvement and a recent urine drug screen, it cannot be determined that the injured worker meets the criteria for ongoing use of opioids according to the evidence-based guidelines. The request for Hydrocodone 5/325, ninety count, is not medically necessary or appropriate.