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| Case Number: | CM14-0102803 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 03/23/2009 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 03/23/2009. The mechanism of injury was not provided for clinical review. Diagnoses included lumbar sprain/strain, left knee sprain/strain, left ankle sprain/strain, status post baseball injury at age 13. His treatments included surgery and medication. Per clinical note dated 03/21/2014, it was reported the injured worker complained of increased pain to his low back. Upon physical examination, the provider noted tenderness to palpation to the lumbar spine with muscle spasms noted. The provider noted the range of motion was flexion at 20 degrees and extension at 0 degrees. The injured worker had a positive Kemp's test. The provider requested hydrocodone for the relief of pain. However, the request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acet 325mg #120, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78..

Decision rationale: The request for hydrocodone/acetaminophen 325 #120, 2 refills is non-certified. The injured worker complained of increased pain to the low back pain. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment if issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional improvement and benefit. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is non-certified.