

Case Number:	CM14-0108424		
Date Assigned:	08/01/2014	Date of Injury:	04/26/2008
Decision Date:	10/16/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/12/2014

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 Texas and Ohio. 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 35-year-old who reported a work related injury on April 26, 2008. The injured worker's diagnoses consist of degeneration of the lumbar spine, lumbar sprain, low back pain, and intervertebral disc disorder. The injured worker's past treatment has included medication, physical therapy, and a right L5 epidural steroid injection on September 29, 2010. An MRI dated December 6, 2008 revealed mild disk desiccation at L4-5 and L5-S1. Upon examination on June 2, 2014, the injured worker stated his pain had worsened and rated his pain as an 8/10. It was also noted that the injured worker's range of motion was reduced. The injured worker's prescribed medications included Hydrocodone, Lidocaine, Metformin, Lisinopril, Albuterol, and Omeprazole. It was noted that the injured worker demonstrated increased activity and functionality with opioid use. The rationale for the request was for chronic pain. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10-325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Tolerance, Long-acting opioids, On going Management of Opio. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 6, Page 116, 142

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 recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment the 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, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In regards to the injured worker, the documentation does not provide evidence of significant pain relief and functional improvement as a result of continued opioid use. The injured worker stated his pain had worsened and rated his pain as an 8/10. It was also noted that the injured worker's range of motion was reduced. The injured worker demonstrated increased activity and functionality with opioid use. However, there was no mention of how long it takes for pain relief, and how long pain relief lasts. Additionally, documentation of significant pain relief, objective functional improvement, appropriate medication use, and side effects would need to be provided for review in order to consider the continuation of Hydrocodone. Furthermore, the request is for Hydrocodone/APAP tab 10-325mg "QTY#60 for 6 days" which exceeds recommended dosing. Clarification is needed as to the frequency of the medication. Therefore, the request for Hydrocodone/APAP tab 10-325 mg, sixty count, is not medically necessary or appropriate.