MAXIMUS Federal Services

Case Number:	CM14-0012072		
Date Assigned:	02/21/2014	Date of Injury:	03/05/2009
Decision Date:	06/27/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 Medicine and is licensed to practice in Minnesota. 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 42-year-old male who reported an injury on 03/05/2009 after mounting tires on a truck. The injured worker reportedly sustained an injury to the low back and cervical spine. The injured worker's treatment history included physical therapy, medications, epidural steroid injections, acupuncture, and chiropractic care. The injured worker was evaluated on 12/09/2013. It was documented that the injured worker had 9/10 pain without medications and reduced to 5/10 with medications. It was documented that the injured worker had activity limitations with self-care and hygiene, ambulation, hand function, and sleep. Physical findings of the cervical spine documented tenderness to palpation of the spinous process from the C4-7 with limited cervical range of motion secondary to pain. Evaluation of the lumbar spine documented tenderness to palpation of the spinal process from the L4-S1 with limited range of motion secondary to pain. The injured worker's diagnoses included lumbar radiculopathy, myositis, myalgia, depression, and chronic pain disorder. The injured worker's treatment plan included chiropractic care and myofascial release. A request was made for a TENS unit and a refill of medications to included hydrocodone/APAP, Naprosyn, and Flector patch. The injured worker was again evaluated on 02/06/2014. It was documented that the injured worker was engaged in an opioid pain contract and regularly monitored for aberrant behavior with urine drug screens. It was documented that the injured worker's medications had allowed for maintenance of basic self-care activities of daily living and functioning in the home. An appeal request was made for refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5-500 MG TABS 30: 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, CHAPTER LOW BACK,

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

Decision rationale: The requested hydrocodone 5/500 mg tablets #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing documentation of a quantitative assessment of pain relief, managed side effects, evidence that the injured worker is monitored for aberrant behavior, and functional benefit to support ongoing use of opioids in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has a reduction in pain that allows her the ability to maintain basic activities of daily living without significant side effects. It is noted within the documentation that the injured worker is engaged in a pain contract and is regularly monitored for aberrant behavior with urine drug screens. However, the request as it is submitted does not clearly identify a frequency. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested hydrocodone 5/500 mg tablets #30 is not medically necessary or appropriate.