MAXIMUS Federal Services

Case Number:	CM14-0110542		
Date Assigned:	08/01/2014	Date of Injury:	03/06/2009
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported injury on 03/06/2009. The mechanism of injury and diagnostic studies were not provided. The injured worker was noted to undergo lumbar spine surgery on 04/27/2012. The documentation of 06/27/2014 revealed he had headaches that were relieved with the use of Fioricet. The stronger headaches were relieved with the use of hydrocodone/APAP 2.5/325. The headaches were noted to be diffuse in location. Additionally, it was indicated his spine pain was temporarily relieved with the use of hydrocodone/adequate pain assessment 2.5/325. The physical examination revealed the injured worker had pain terminal range of motion of the cervical spine in all planes. There was tenderness to palpation of the cervical paraspinal muscles bilaterally with slightly palpable spasms bilaterally. The treatment plan included a refill of hydrocodone/APAP 2.5/325 mg one tablet every 6 hours as need and a re-evaluation of the injured worker's progress in 4 weeks. The diagnoses included tension and sprain of the neck. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up in 4 Weeks: 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 Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines indicate that office visits are dependent upon the injured worker's concerns, signs and symptoms, clinical stability and physician judgment, as well as medications including opiates. The clinical documentation submitted for review indicated the injured worker was prescribed the medication hydrocodone/APAP. The documentation indicated the injured worker was currently being treated by an internal medicine physician and an orthopedist who could manage the hydrocodone. There was a lack of documentation indicating a necessity for a followup visit in 4 weeks. The request, as submitted, failed to indicate the type of physician followup being requested. Given the above, the request for followup in 4 weeks is not medically necessary.

Hydrocodone APAP 2.5/325mg #60x21 Every 6Hours (1 q6h) as Needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use could not be established through supplied documentation. Given the above, the request for hydrocodone APAP 2.5/325mg #60x2 1 every 6 hours (1 q6h) as needed is not medically necessary.