

Case Number:	CM14-0112340		
Date Assigned:	09/16/2014	Date of Injury:	08/09/2011
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Medicine and is licensed to practice in 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 43 year old male whose date of injury was 8-9-2011 when he fell off a roof. His diagnoses include fracture of the L1 and L3 vertebrae, chronic neck and back pain, insomnia, depression, and anxiety. He complains primarily of neck pain and back pain radiating down the right lower extremity. His pain is a constant 5/10 despite having his Norco increased from TID to QID on 2-21-2014. There is no mention of functionality in the notes reviewed. His exam reveals tenderness to palpation of the lumbar spine, positive straight leg raise testing bilaterally, and normal lumbar range of motion. The injured worker has declined epidural steroid injections and back fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg, Days Supply: 30, QTY: 120, MED 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab)Hydrocodone/AcetaminophenOpioids,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74-96.

Decision rationale: During the maintenance phase of opioid therapy, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Additionally, opioids should be discontinued if there is no improvement in functional status. In this instance, the documentation reflects no change in pain levels or functional status as a result of the opioid treatment. Therefore, Hydrocodone/APAP 10-325mg, Days' Supply: 30, QTY: 120, is not medically necessary.