MAXIMUS Federal Services

Case Number:	CM14-0126335		
Date Assigned:	08/13/2014	Date of Injury:	09/23/2013
Decision Date:	10/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 49 year old female with a reported date of injury on 09/23/2013. The mechanism of injury occurred due to fall. The diagnoses included cervical and lumbar radiculopathy. The past treatments included pain medication, acupuncture, chiropractic therapy, and physical therapy. There was no relevant diagnostic imaging or surgical history in the records. The subjective complaints on 07/17/2014 included neck pain, bilateral arm pain, and low back pain rated at 8-9/10. The physical examination noted decreased range of motion in the cervical, thoracic and lumbar spine. The medications included Norco, Omeprazole, and Lidopro cream. The notes indicate that she had been taking the Norco since at least 06/16/2014. The treatment plan was to refill medications. A request was received for Hydrocodone 5/325mg QTY:60. The rationale was to decrease pain. The request for authorization form was dated 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: The request for Hydrocodone 5/325mg QTY:60 is not medically necessary. The California MTUS Guidelines state there are four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic neck and low back pain. The records indicate that the she has been on Norco since at least 06/16/2014. There was not adequate documentation in the clinical notes submitted of significant pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen submitted to assess for aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of significant pain relief, side effects, objective functional improvements, and appropriate medication use, the request is not supported. As such, the request is not medically necessary.