

Case Number:	CM14-0133079		
Date Assigned:	08/22/2014	Date of Injury:	01/08/2002
Decision Date:	10/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Management and is licensed to practice in California. 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 40-year-old male who reported an injury on 01/08/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar radiculopathy; multilevel HNP of lumbar spine, most significant at L4-5 and L5-S1 with moderate to severe stenosis. On 08/14/2014, the injured worker complained of low back pain. There were no physical findings submitted in the report. Past medical treatment for the injured worker consisted of transforaminal epidural at the right L4-5, a home exercise program, chiropractic therapy, physical therapy, and medication therapy. MRI of the lumbar spine dated 06/30/2012 revealed multilevel degenerative disc disease and facet arthropathy with retrolisthesis at L4-5 and L5-S1. The treatment plan was for the injured worker to continue the use of Hydrocodone/APAP 10/325. The provider feels that the Hydrocodone is necessary due to it decreases the injured worker's pain levels. 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 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Hydrocodone/Acetaminophen, page 91, Ongoing Management, Page(s): 78..

Decision rationale: The request for Hydrocodone/APAP 10/325 is not medically necessary. The California MTUS Guidelines recommend Hydrocodone/Acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be submitted. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. As per guidelines above, the documentation submitted lack evidence of the 4 A's being adequately addressed. There lacked any quantified evidence of this in the report. The report also lacked documentation on a more evident level as to how the medication was assisting the injured worker with any functional deficits that he might have. Furthermore, guidelines also state that there should be the use of drug screens or urinalysis. The submitted report did not include any test showing that the injured worker was in compliance with MTUS guidelines. Additionally, the request as submitted did not specific a frequency or duration of the medication. As such, the request for Hydrocodone/APAP 10/325 is not medically necessary.