MAXIMUS Federal Services

Case Number:	CM14-0135679		
Date Assigned:	08/29/2014	Date of Injury:	11/08/2002
Decision Date:	09/30/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 48 year old male who reported an injury on 11/08/2002. The mechanism of injury was not specified. His diagnoses included failed back surgery syndrome, lumbar facet pain, and lumbar myosfascial pain. His past treatments included radiofrequency and trigger point injections. His past surgeries and diagnostics were not provided. The 07/16/2014 note showed he had been having increased tailbone pain and had difficulty getting out of bed in the morning. On 08/13/2014, the injured worker reported his pain level at 4/10. It was noted that the Hydrocodone was well tolerated and he felt it improved his pain and was satisfied with the relief he was receiving. His physical examination revealed pain with extension/rotation of the lumbar spine. The injured worker's medication regimen included Hydrocodone 10/325mg 1 tablet every 4-6 hours as needed and Amitiza 24mcg. The treatment plan included Hydrocodone 10/325mg #100. The rationale for the medication was that it was well tolerated and it improved the injured workers pain. The request for authorization form was not present in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74, 78.

Decision rationale: Based on the clinical information submitted for review, the request for Hydrocodone 10/325mg #100 is not medically necessary. As stated in California MTUS Guidelines, opioids are seen as an effective method in controlling chronic pain and are often used for breakthrough pain. For continued use, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines indicate there should be a detailed pain assessment to 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. The injured worker reported increased tailbone pain. The records indicate an average pain level of 4/10. The injured worker reported the Hydrocodone was well tolerated and he felt it improved his pain and he was satisfied with the relief he was receiving. Although his pain level at the time of the visit was assessed, the pain assessment failed to include detail such as how long his pain relief lasts, what his pain level is when he does not take his medication, his functional status, and his average pain. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects with the use of Hydrocodone. Also, the request failed to provide information as to the frequency of the medication. As such, the request for Hydrocodone 10/325mg #100 is not medically necessary.