

Case Number:	CM14-0154568		
Date Assigned:	09/24/2014	Date of Injury:	05/05/2008
Decision Date:	10/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational 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:

This injured worker is a 57 year old man involved in a work related injury from 5/5/08. The injured worker fell off his truck, leading to a back injury. The injured worker has chronic low back pain. There is a 7/23/14 note indicating the injured worker had ongoing low back pain with paravertebral tenderness. Multiple medications were employed including Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Bitartrate/Acetaminophen 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Opioids, Criteria for Use, Central Acting Analgesics Page(.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The injured worker appears to have used this drug for years. There is nothing in the notes, however, indicating that there was any benefit with the use of this drug. The 4 A's of opiate use, as noted in Medical Treatment Utilization Schedule are not addressed. The criteria for use of opioids section states: The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of

any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors); use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control; documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion); continuing review of overall situation with regard to non-opioid means of pain control. There is no data indicating improvement in pain levels and nothing indicating any improvement in function or behavior. Given this, and noting the guidelines cited, the request is not medically necessary.