

Case Number:	CM14-0184293		
Date Assigned:	11/10/2014	Date of Injury:	06/05/2009
Decision Date:	12/31/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 47-year-old male with a 6/5/2009 date of injury. A progress report dated 9/3/14 noted subjective complaints of neck and back pain. Objective findings included midline cervical spine tenderness, as well as diffuse back tenderness. Diagnostic Impression: failed lumbar spine back surgery syndrome, cervicalgia, and thoracic spine pain. Treatment to Date: medication management, physical therapy, and chiropractic. A UR decision dated 10/2/14 denied the request for Hydrocodone/Acetaminophen, 10/325 mg. There was mention that the patient was taking 8 hydrocodone a day for back pain, that it was reportedly not working, and there was no clear detail provided as to why the patient was to continue this particular opioid treatment, when it was stated that it was not working. Moreover, there was no indication of significant overall functional improvement being achieved with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2009 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone Acetaminophen 10/325 mg was not medically necessary.