

Case Number:	CM14-0022150		
Date Assigned:	05/09/2014	Date of Injury:	04/09/2010
Decision Date:	10/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 and is licensed to practice in Louisiana. 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 patient is a 59 year old female who was injured on 02/04/2014 when she was reaching over the driver seat of her company car, hypoflexing her left knee and twisting her back. She has been treated conservatively with [REDACTED]. Prior medication history as of 01/28/2014 included hydrocodone 10/325 mg, ibuprofen 400 mg, lisinopril/hydrochlorothiazide 10/12.5, and lovastatin 20 mg. Toxicology report dated 01/28/2014 revealed no detection of hydrocodone which is a result that was not expected as hydrocodone was listed as a prescribed medication. Integrative Summary report dated 09/06/2013 documented the patient to have presented with a history of low back pain with spondylolisthesis at L3-L4, L4-L5 and L5-S1. Progress report dated 01/28/2014 states the patient presented with complaints of low back pain and also for medication refill and review. She reported the medications help to increase her activities of daily living. The patient has a diagnosis of low back pain. She was recommended to continue with hydrocodone/APAP 10/325 mg. Prior utilization review dated 02/04/2014 states the request for Hydrocodone/APAP 10/325mg, #60 with 2 Refills is modified to certify hydrocodone/APAP 10/325 mg #20 to allow the patient one refill for weaning to discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-97.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioid is recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continue use unless there is documented evidence of objective pain and functional improvement. There is a lack of supporting documentation showing sustainable improvement in pain or function and long term use of Hydrocodone is not recommended by the guidelines. Therefore, the request for this medication is not medically necessary.