

Case Number:	CM14-0022361		
Date Assigned:	05/09/2014	Date of Injury:	10/11/2004
Decision Date:	07/10/2014	UR Denial Date:	01/28/2014
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 Anesthesiology, has a subspecialty in Pain 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 55 year old female who is reported to have sustained work related injuries on 10/11/04. On this date, she is reported to have driving a forklift when she was struck from behind by another forklift. On impact, she was thrown forward against the steering mechanism. She reported the immediate onset of chest and low back pain. Records indicate that the injured worker was subsequently treated with oral medications, physical therapy, and injections. Records indicate that she later underwent a transforaminal lumbar interbody fusion (TLIF) on 03/12/12. Postoperatively, she received physical therapy. The record contains a urine drug screen dated 02/26/13 at which time the injured worker was reported to be taking Tramadol. This drug screen was returned as negative with no evidence of Tramadol use. The most recent physical examinations are grossly unremarkable and show no evidence of progressive neurologic deficit. The record includes a utilization review determination dated 01/29/14. This report indicates that the request for hydrocodone APAP 10/325 quantity 60 was not supported as medically necessary.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: The request for hydrocodone APAP tablets 10/325mg #60 is not supported as medically necessary based on Chronic Pain Medical Treatment Guidelines. The submitted clinical records indicate that the injured worker is status post a TLIF performed on 03/12/12. Postoperatively, the injured worker has received rehabilitative therapy and trigger point injections. She has continued subjective reports of pain. The records fail to fully quantify the efficacy of this medication in the treatment of the injured worker's low back pain. It would further be noted that historically the injured worker has undergone a urine drug screen on 02/26/13 which was negative which indicated that while the injured worker was prescribed Tramadol, she had not utilized it and therefore was non-compliant with her treatment plan. The records fail to provide any supporting data which establishes significant functional improvement with the use of this medication and as such, she would not meet treatment recommendations for the continued use of this medication.