

Case Number:	CM14-0025052		
Date Assigned:	06/11/2014	Date of Injury:	02/23/2009
Decision Date:	07/29/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 42-year-old male who reported an injury on 02/23/2009. The mechanism of injury was lifting. His diagnosis was postoperative right groin and testicular pain. His previous treatment included medications. He has continued to have right lower abdominal and testicular pain since his injury and surgical repair. Within the most recent clinical note, 05/27/2014, his symptoms were increased pain. His physical exam findings included pain and tenderness in the right groin area where he had his two (2) previous surgeries. The current request is for hydrocodone/acetaminophen 5/325mg, #60, with four (4) refills. The rationale for the requested medication was not provided. The request for authorization date was not provided 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/acetaminophen 5/325mg #60, with four (4) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2010 Revision, Web Edition, and on the Non-MTUS Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The Chronic Pain Guidelines indicate that the ongoing management for opioid medication should include routine office visits and detailed documentation of the extent of pain, functional status in regard of activities of daily living, appropriate medication use, and/or aberrant drug behaviors, and adverse side effects. The most recent clinical note indicated he had increased pain and tenderness in the right groin area. However, the documentation failed to provide a medication assessment to indicate the extent of pain relief, functional status in regards of activities of daily living, appropriate medication use, and/or aberrant drug behaviors, and adverse side effects. Therefore, in the absence of a pain assessment, objective functional gains, objective functional status, and a current urine drug screen to verify compliance, the criteria for ongoing use of opioid medication has not been met. The frequency of the medication was not provided in the request as submitted. As such, the request for hydrocodone/acetaminophen 5/325mg #60, with four (4) refills is not medically necessary.