

Case Number:	CM14-0031380		
Date Assigned:	04/09/2014	Date of Injury:	07/27/2011
Decision Date:	05/09/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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, Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 07/27/2011. The injured worker's treatment history included physical therapy, epidural steroid injections, and multiple medications. The injured worker was evaluated on 12/06/2013. Physical findings included limited range of motion secondary to pain and tenderness to palpation and spasm throughout the lumbosacral musculature. The injured worker's medication schedule included hydrocodone/APAP 10/325 mg and Terocin patches. The injured worker's diagnoses included spondylolisthesis at the L4-5 and L5-S1, bilateral L5 pars defect, multilevel disc herniation of the cervical spine, and thoracic disc herniation. The injured worker's treatment plan included additional transforaminal epidural steroid injections and continuation of medications in combination with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment and Utilization Schedule recommends the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of functional benefit or a quantitative assessment of pain relief for this injured worker. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 07/2013. However, there has been no evidence of functional benefit or pain relief as a result of the medication usage. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested HYDROCODONE/APAP 10/325 MG #180 is not medically necessary or appropriate.