

Case Number:	CM14-0033589		
Date Assigned:	06/20/2014	Date of Injury:	01/21/2012
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 & and is licensed to practice in Minnesota. 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 58 year old female who reported an injury on 01/21/2012 due to an unknown mechanism. The injured worker had complaints of back pain. Physical examination on 02/13/2014 revealed pain rated at 6/10. Flexion was 150/150. The report submitted was not legible. Diagnostic studies, physical therapy, and other medications tried and failed were not submitted. The injured worker's functional status was not submitted, pain outcome. Urine drug testing was not submitted. The diagnoses were chronic thoracic, lumbar sprain and thoracic lumbar scoliosis. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325 MG Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: The document submitted for review is lacking information such as medications tried and failed, diagnostic studies, physical medicine, exercises, and urine drug testing. Hydrocodone-acetaminophen is a short acting opioid used for break through pain and is

often taken with another analgesic. California Medical Treatment Utilization Schedule states ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last visit, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There were no urine drug tests. The document submitted is lacking information. Therefore, the request for Hydrocodone-Acetaminophen 5/325 MG Quantity 60 is not medically necessary.