

Case Number:	CM14-0039331		
Date Assigned:	06/27/2014	Date of Injury:	08/26/1988
Decision Date:	08/08/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational Medicine and is licensed to practice in Hawaii. 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:

This case is a 62 year-old male with a date of injury on 8/26/1988. A review of the medical records indicate that the patient is undergoing treatment for low back pain. Subjective complaints (5/7/2014) indicate "Left back pain worse, right back pain 50%" and average leg/back pain at 8-9 out of 10. Objective findings (5/7/2014) include antalgic gait, moderate tenderness to palpation lumbar paraspinal muscles, and bilateral pain over PSIS. Treatment has included hydrocodone/APAP since 7/2013, MS Contin, discectomy (2011), percocet, and sacroiliac injection. A utilization review dated 3/24/2014 non-certified a request for Hydrocodone/APAP 10/325mg (original request for #90) due to lack of documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg QTY 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone page 51, Opioids Page(s): 74-95.

Decision rationale: The MTUS does not discourage use of opioids past 2 weeks, but does state that 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 assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient is also on several other opioid and the treating physician does not indicate the specific reason for this medication in conjunction with the other opioids. As such, the request for Hydrocodone/APAP 10/325mg QTY 90.00 is not medically necessary.