

Case Number:	CM14-0046840		
Date Assigned:	07/02/2014	Date of Injury:	05/04/2009
Decision Date:	08/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Rehabilitation 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 53-year-old female who reported an injury on 05/04/2010, with the mechanism of injury not cited within the documentation provided. In the documentation dated 07/10/2013, it was indicated that it was an agreed medical evaluation. It was indicated that the physician recommended physical therapy for 8 more weeks and aquatic therapy for 6 more weeks. There were no prior treatments, prescribed medications, or recommendations for treatments within the clinical documentation provided. The request for Retrospective 30 prescriptions for Hydrocodone/APAP 10/325 mg #60 (Dos: 10/29/2011 and 01/10/2013) was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 30 prescriptions for Hydrocodone/APAP 10/325mg #60 (Dos: 10/29/2011 and 01/10/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids on-going management, Opioids for chronic pain, Opioids, specific drug list Page(s): 91 page(s) 80, page(s) 78,.

Decision rationale: The request for retrospective 30 prescriptions for Hydrocodone/APAP 10/325 mg #60 (DOS: 10/29/2011 and 01/10/2013) is not medically necessary. The California MTUS Guidelines state that opioids for chronic pain are not recommended as a first line therapy. They are recommended on a trial basis for short term use after there has been evidence of failure of first line medication options such as acetaminophen or nonsteroidal anti-inflammatory drugs when there is evidence of moderate to severe pain. The guidelines also recommend ongoing monitoring of injured workers who use opioids, to include pain relief, side effects, physical and psychosocial function, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. Hydrocodone/acetaminophen is indicated for moderate to moderately severe pain. In the documentation provided for review, there is a lack of documentation of the injured worker's pain level status, prescribed medications, physical examination, and request for the retrospective 30 prescriptions for hydrocodone/APAP. Therefore, the request for retrospective 30 prescriptions for Hydrocodone/APAP 10/325 mg #60 (DOS: 10/29/2011 and 01/10/2013) is not medically necessary.