

Case Number:	CM14-0049705		
Date Assigned:	07/07/2014	Date of Injury:	05/15/2012
Decision Date:	08/06/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 59-year-old male with a reported injury on 05/15/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/09/2014 reported that the injured worker complained of lumbar spine pain. The physical examination of the injured worker's back revealed diffuse palpable tenderness throughout the lumbosacral spine. The lumbosacral spine's range of motion was limited due to complaints of pain. The physical examination of the injured worker's left knee revealed palpable tenderness at the posterior aspect. The injured worker's diagnoses included right ankle sprain/strain; left knee complex medial meniscal tear and degenerative changes at the medial compartment, 01/10/2014 MRI scan; and lumbosacral discogenic disease. The injured worker's prescribed medication list was not provided within the clinical notes. The provider requested hydrocodone 10/325 mg. The rationale was not provided within the clinical notes. The request for authorization was submitted on 04/15/2014. The injured worker's prior treatments included chiropractic sessions, unknown amount of sessions provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The request for hydrocodone/APAP 10/325 mg, quantity 90, is not medically necessary. The injured worker complained of back pain. The treating physician's rationale for hydrocodone was not provided within the clinical notes. The California MTUS guidelines state that hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There was a lack of clinical information provided documenting the efficacy of hydrocodone, as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency or the medication being requested. Therefore, the request is not medically necessary.