

Case Number:	CM14-0050393		
Date Assigned:	06/25/2014	Date of Injury:	12/03/2007
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 Illinois. 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 41 year old male reported an injury on 12/03/2007 due to unknown mechanism. The injured worker reported to provider that the lower back pain is well relieved with the Vicodin. The pain VAS score without medication 9/10 with medication 2/10 and is able to do functional activities. On physical examination the injured worker was fidgeting with tenderness and positive bilateral straight leg raise. The injured worker's diagnosis included mechanical back pain. The injured worker's medications are Vicodin, thermacare, and Ambien. The treatment plan was prospective request for 1 prescription of hydrocodone/apap 5/325mg with 4 refills. The authorization form was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Hydrocodone/APAP 5/325 mg #180 with 4 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Hydrocodone/APAP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids on going management Page(s): 78.

Decision rationale: The request for prospective request for 1 prescription of hydrocodone 5/325mg number 180 with 4 refills is not medically necessary. Chronic Pain Medical Treatment Guidelines guidelines state that criteria for use for on-going management of opioids include on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also states that the four domains have been proposed as the most relevant for on-going monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The documentation submitted for review indicates that the hydrocodone is helping the injured worker, however there is no documentation regarding pain relief. There is no assessment regarding consistent urine toxicology testing. There were no documentation on medication side effects. In addition the request does not state the frequency of the proposed medication. As such the request is not medically necessary.