

Case Number:	CM14-0074573		
Date Assigned:	07/16/2014	Date of Injury:	02/28/1997
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/22/2014

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 Nevada. 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 records reviewed indicate this is a 66-year-old female who was injured on February 28, 1997. The mechanism of injury is not listed. The most recent progress notes on April 8, 2014, indicate that there are ongoing complaints of low back pain radiating to the right lower extremity. Current medications include hydrocodone, tizanidine, and tramadol. The physical examination demonstrated the presence of scoliosis, tenderness of the right sacroiliac joint and pain with lumbar spine range of motion. The neurological examination revealed decreased sensation at the right heel. Diagnostic imaging studies were not reviewed during this visit. The patient has received a treatment of radiofrequency nerve ablation. A request had been made for hydrocodone/acetaminophen on April 18, 2014, and was not medically necessary in the pre-authorization process.

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 for Hydrocodone-Acetaminophen 10/325 mg #270:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 74-78 of 127 Page(s): 74-78 OF 127.

Decision rationale: Hydrocodone/Acetaminophen is a short acting opioid combined with acetaminophen. The California MTUS supports short acting opiates for the short term management of moderate to severe pain. Management of opiate medications should include; the lowest possible dose to improve pain and function, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain however; there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for hydrocodone/acetaminophen is not medically necessary.