

Case Number:	CM14-0075163		
Date Assigned:	07/16/2014	Date of Injury:	07/17/1992
Decision Date:	09/16/2014	UR Denial Date:	05/14/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 71-year-old female who has submitted a claim low back pain associated with an industrial injury date of July 17, 1992. Medical records from April 2014 were reviewed and showed the patient complained of low back pain particularly on the left side over the sacroiliac joint. Physical examination revealed tenderness over the lumbar spine. Treatment to date has included oral medications and opioids. Utilization review from May 14, 2014 denied the request for Hydrocodone 10mg/650mg because the documentation lacks pain scores, as well as measurable efficacy from prior use (increase in functional ability and/or decrease in pain level) to warrant the need of ongoing analgesia from opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg 4 times a day as needed for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Hydrocodone. Decision based on Non-MTUS Citation Passik, 2000; California, 1994; Washington, 2002; Colorado, 2002; Ontario, 2000; VA/DoD, 2003; Maddox-AAPM/APS, 1997; Wisconsin, 2004; Warfield, 2004; Martell-Annals, 2007; Chou, 2007; Lake, 2008; Olesen, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As noted on page 78 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Hydrocodone-Acetaminophen 10/325mg one tab Q4 prn since at least November 2013. There was no documentation to monitor the four A's (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors) for ongoing monitoring. Therefore, the request for Hydrocodone 10/325 mg 4 times a day as needed for 6 months is not medically necessary.