MAXIMUS Federal Services

Case Number:	CM14-0080443		
Date Assigned:	07/18/2014	Date of Injury:	11/18/2011
Decision Date:	09/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 52-year-old male with an injury date of 11/18/11. Per the 12/18/13 report by [redacted] and the 12/05/13 report by [redacted], the patient presents with tightness and limited range of motion of the back. The patient also presents with muscle spasm during cold weather. Overall he is feeling better. Examination reveals tenderness to palpation over the lower lumbar spine along with limited range of motion. The patient's diagnoses include lumbar spine disc herniation, lumbar spine radiculopathy, and status post lumbar spine surgery (10/24/12).The treatment reports provided include no list of medications. The Utilization Review being challenged is dated 04/22/14. Treatment reports were provided from 10/24/12 to 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78).

Decision rationale: The patient presents with lower back pain and limited range of motion. The treater requests for Hydrocodone (an opioid)/APAP 10/325 mg #120, 30 day supply. It is unclear from the records provided how long the injured worker has been taking this medication. Per the medication summary reports provided from 09/11/13 to 12/18/13 Hydrocodone was detected with each testing. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. No specific ADL's are mentioned to show a significant change with use of this medication. Therefore, this request is not medically necessary.