

Case Number:	CM14-0096869		
Date Assigned:	07/28/2014	Date of Injury:	02/26/2003
Decision Date:	10/09/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 79-year-old male who reported an injury on 02/26/2003 due to a trip and fall down stairs. On 06/18/2014, the injured worker presented with neck, shoulder, low back, and right knee pain. Upon examination of the right shoulder, there was a positive impingement sign to the right. The examination of the lumbar spine revealed sensation was intact to light touch and pinprick bilaterally to the lower extremities and a negative straight leg raise. There was spasm and guarding noted in the lumbar spine and 5/5 strength. A current medication list was not provided. The provider recommended hydrocodone APAP 10/325 mg with a quantity of 30 and the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Pain, Criteria for the use of Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for hydrocodone/APAP 10/325 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, a current urine drug screen, and objective functional improvements with the use of this medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.