

Case Number:	CM14-0116051		
Date Assigned:	08/18/2014	Date of Injury:	11/26/2002
Decision Date:	03/03/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male who reported an injury on 11/26/2002 while using a jackhammer. His diagnoses included chronic back pain and degenerative disc disease. On 11/21/2014, the injured worker presented for a medication check. Upon examination, there was tenderness noted throughout the lumbar spine with a negative straight leg raise and intact motor function. The provider recommended hydrocodone/APAP 10/325 mg with a quantity of 60. 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 tab 10/325mg #60, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-78.

Decision rationale: The request for Hydrocodone/APAP tab 10/325mg, Days Supply: 30 #60 is not medically necessary. The California MTUS Guidelines state that opioids are recommended

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 is no information on treatment history and length of time the injured worker has been prescribed hydrocodone. Additionally, the efficacy of the prior use of the medication was not provided to support continued use. There was no evidence of increased function and decreased pain with the prior medication use. There was no current urine drug screen submitted for review to verify appropriate medication use. Additionally, a current pain contract was not addressed with the injured worker. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.