MAXIMUS Federal Services

Case Number:	CM15-0001381		
Date Assigned:	01/12/2015	Date of Injury:	04/28/1995
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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 61-year-old female who reported an injury on 04/28/1995. The mechanism of injury was not provided. On 11/19/2014, the injured worker presented for a follow-up. Current medications included Norco, Cymbalta, Naprosyn, and Duragesic patches. Upon examination, there was no evidence of neck pain or distention, the chest was clear to auscultation and percussion. Heart sounds were unremarkable, and the abdomen revealed midepigastric tenderness without guarding. Diagnoses were orthopedic low back injury in 1994 status post surgeries in 1995 and 2001, angina, gastritis, and depression secondary to a low back injury. The provider recommended hydrocodone/APAP 10/325 mg with a quantity of 240. There was no rationale provided. The Request for Authorization form was not included in the 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 #240, 40day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 240, a 40 day supply 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. A complete and adequate pain assessment was not provided for review. Additionally, there is no information on treatment history, the length of time the injured worker had been prescribed hydrocodone. There is no evidence of a current signed pain contract or a recent urine drug screen consistent with medication. As such, medical necessity has not been established.