

Case Number:	CM15-0005047		
Date Assigned:	01/16/2015	Date of Injury:	03/28/2001
Decision Date:	04/01/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old male who reported an injury on 03/28/2001. The mechanism of injury was the injured worker fell 20 feet from a telephone pole. The injured worker was diagnosed with spinal cord injury, chronic pain syndrome, and lumbar postlaminectomy syndrome. The injured worker underwent spine surgery in 2001. The injured worker underwent an x-ray of the lumbar spine on 12/10/2014. The documentation of 12/10/2014 revealed the injured worker had complaints of axial lumbar pain and bilateral leg pain. The injured worker's medications were noted to include hydrocodone 5/325 mg tablets and gabapentin 300 mg capsules. The injured worker had back pain with tingling, sensory change, and focal weakness. The physical examination revealed the injured worker had decreased range of motion. The injured worker had no patellar or ankle reflexes. The treatment plan included physical therapy. The treatment plan included hydrocodone 5/325 mg for pain. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Hydrocodone/Acetaminophen 5/325 MG with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker had objective functional improvement and an objective decrease in pain. There was a lack of documentation of objective functional benefit and there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 90 tablets of hydrocodone/acetaminophen 5/325 mg with 1 refill is not medically necessary.