

Case Number:	CM15-0020394		
Date Assigned:	02/10/2015	Date of Injury:	12/12/2007
Decision Date:	04/03/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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

Certification(s)/Specialty: Family Practice

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 68-year-old male who reported an injury on 12/12/2007. The mechanism of injury was the injured worker slipped on snow and ice and landed on his buttocks. Prior treatments included transforaminal epidural steroid injections, physical therapy, a cane, and opioids. The documentation of 12/10/2014 revealed the injured worker had continued complaints of low back pain. The documentation indicated the medication controlled the pain. The objective findings revealed the injured worker had lumbar spine pain that was consistent and baseline. The diagnoses included chronic low back pain, stable. The treatment plan included the injured worker was to remain on the current dose and strength for the medications and that he was responsible and without escalation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APA tablet 10/325mg, days supply 30, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trail of 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 Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of side effects. The documentation indicated the injured worker was stable. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone/APA tablet 10/325mg, days supply 30, quantity 120 is not medically necessary.