MAXIMUS Federal Services

Case Number:	CM15-0037192		
Date Assigned:	03/04/2015	Date of Injury:	05/30/2012
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 31-year-old male, who sustained an industrial injury on May 30, 2012. He has reported a low back injury. The diagnoses have included lumbar/lumbosacral disc degeneration. Treatment to date has included 6 completed physical therapy sessions, medications, imaging, transcutaneous electrical nerve stimulation, and home exercises. Currently, the IW complains of continued low back pain. He reports having a grinding and clicking sensation in the low back when standing up from bending over. He reports a 50% reduction in pain with the use of Hydrocodone/APAP. Physical findings revealed are tenderness over the lumbar area, and pain is noted with extension and rotation. A urine drug screening dated May 19, 2014, indicates usage of Hydrocodone. On January 28, 2015, Utilization Review modified certification of Hydrocodone/Acetaminophen 10/325mg #18. The Chronic Pain Medical Treatment guidelines were cited. On February 15, 2015, the injured worker submitted an application for IMR for review of Hydrocodone/Acetaminophen 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: The documentation indicates the patient has been treated with Hydrocodone/ Acetaminophen, an opioid analgesic combination medication. According to the California MTUS Guidelines, a short-acting opiate, such as this medication, is an effective method of controlling chronic pain. Opioid analgesics are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of the short acting opioid medications. He should be weaned from this medication according to an established protocol. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for has not been established. The requested treatment is not medically necessary.