

Case Number:	CM14-0100682		
Date Assigned:	08/06/2014	Date of Injury:	03/31/2010
Decision Date:	10/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 52-year-old male was reportedly injured on March 31, 2010. The most recent progress note, dated June 24, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated the patient with an altered gait pattern requiring a single point cane. There was an on the side opioid agreement and ongoing complaints of low back pain. Diagnostic imaging studies reported pre-existing ordinary disease of life degenerative disc disease and facet arthritis, which was treated as a functional compensable injury. Previous treatment included lumbar surgery, multiple medications, postoperative physical therapy and pain management interventions. A request had been made for hydrocodone and was not certified in the pre-authorization process on May 29 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, when to discontinue opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: The rationale outlined by the treating provider relative to this medication is noted. However, as outlined in the MTUS, the lowest possible dose necessary to increase functionality and decrease pain complaints is to be employed. There is no noted objective data suggesting that this medication has had any efficacy or utility. The amount of pain medication has been increased and the pain levels continued to be significantly elevated (8/10). Therefore, when noting the criterion outlined in the MTUS and by the progress notes presented for review, there is insufficient data to establish the medical necessity of the indefinite and chronic use of this medication. Such as, Hydrocodone/APAP 10/325mg #270 is not medically necessary.