

Case Number:	CM14-0116350		
Date Assigned:	09/25/2014	Date of Injury:	09/19/2011
Decision Date:	12/12/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiology, and is licensed to practice in Tennessee. 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 injured worker is a 37-year-old male who reported an injury on 09/19/2011. The mechanism of injury was not provided. On 01/16/2014, the injured worker presented with low back pain. The examination of the lumbar spine noted tenderness to palpation on the left side. A positive seated straight leg raise was noted. The diagnoses were lumbar sprain, displacement of the lumbar intervertebral disc without myelopathy, low back pain, and degeneration of the intervertebral discs. The current medication list was not provided. The provider recommended hydrocodone/APAP 10/325 mg #60; the provider's rationale was not provided. The Request for Authorization form was not included in the medical 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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS/ACOEM Guidelines state that opioids are recommended for the 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. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, there is no documentation of treatment history and the length of time the injured worker has been prescribed hydrocodone. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.