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| Case Number: | CM14-0083645 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 04/22/2013 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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 69 year-old male was reportedly injured on April 22, 2013. The mechanism of injury is noted as a spinal lifting and twisting injury when lifting a 130 pound object. The most recent progress note, dated May 8, 2014 indicates that there are ongoing complaints of back pain. The physical examination demonstrated the claimant to be overweight and in no acute distress. Neurological exam was normal. Musculoskeletal system exam was normal. The gait was wide based. Waddell's signs were negative. A notation is made in the medical record that the claimant reveals a 40% decrease in pain and is currently taking the medication once daily. No Diagnostic imaging studies are referenced in the progress note. The claimant is currently undergoing cardiac rehab and noting improvement. Prior treatment had also included physical therapy and cognitive therapy. Past medical history is significant for a heart arrhythmia. A request had been made for hydrocodone 7.5#30 and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26. MTUS (Effective July 18, 2009) Page(s): 88 of 127.

Decision rationale: Hydrocodone/Acetaminophen is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, requiring ongoing review and documentation of pain relief, appropriate medication use, and side effects. The injured employee has chronic pain; the medical record provides documentation of 40% improvement with the noted medication once daily (at the lowest possible dose). Additionally, the 4 A's are referenced in the medical record provides evidence of a urine drug screen protocol. As such, this request for Hydrocodone/Acetaminophen 7.5/325 mg is medically necessary.