

Case Number:	CM15-0069269		
Date Assigned:	04/16/2015	Date of Injury:	05/21/2004
Decision Date:	05/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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(n) 53 year old male, who sustained an industrial injury on 5/21/04. He reported pain in his lower back related to lifting a heavy object. The injured worker was diagnosed as having sacral pain, lumbar pain and reflex sympathetic dystrophy. Treatment to date has included back surgery, a lumbar MRI, medial branch radiofrequency ablation and pain medications. On 1/21/14, the injured worker rated his pain 9/10 in his back and right hip. The submitted progress notes do not show much change in the pain level. As of the PR2 dated 3/18/15, the injured worker reports right hip and back pain. He rates his pain a 9/10 and sometimes a 10/10. The treating physician noted mild discomfort with internal and external rotation of the right hip and no tenderness with palpation over the lower back. The treating physician requested Hydrocodone/APAP 10/300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 53 year old male has complained of low back pain since date of injury 5/21/04. He has been treated with surgery, radiofrequency ablation, physical therapy and medications to include opioids since at least 11/2012. The current request is for Hydrocodone/ APAP. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone/ APAP is not medically necessary.