

Case Number:	CM13-0032176		
Date Assigned:	12/04/2013	Date of Injury:	08/14/2012
Decision Date:	01/15/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 40-year-old female who reported an injury on 08/14/2012. Her symptoms are noted to include pain of the midline lower lumbar region with radiating pain and numbness to the back of the right leg down to the foot, and weakness in the right foot. Objective findings included positive tenderness to the right sciatic notch, decreased lumbar range of motion, normal motor strength except for the toe flexion at 3/5, decreased sensation on the right L5-S1 dermatome, and trace reflexes on the right knee and ankle jerk. It was also noted that there was a positive straight leg raise test on the right side. The patient's diagnoses were listed as displacement of lumbar intervertebral disc without myelopathy, degeneration lumbar intervertebral disc, sciatica, radiculopathy, and stenosis, lumbar. The patient's medications were noted as ibuprofen, Lyrica, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of APAP/Hydrocodone 500mg-5mg #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, criteria for use Page(s): 76-80.

Decision rationale: California MTUS Guidelines stated that for patients taking opioid medications, detailed documentation including the 4A's for ongoing monitoring is required. The 4A's include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In the most recent office visit, dated 11/20/2013, it was noted in the treatment plan that the patient was to be prescribed ibuprofen, Lyrica, and Percocet. There was no mention of refilling her hydrocodone. Additionally, there is a general lack of detailed documentation regarding the 4A's as required by the California Guidelines. For these reasons, the request is non-certified.