

Case Number:	CM13-0042836		
Date Assigned:	06/09/2014	Date of Injury:	01/17/2002
Decision Date:	07/30/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/20/2013

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, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 50 year old male with a reported date of injury of 01/17/2002. The injury reportedly occurred while the injured worker was installing a garage door. His diagnoses were noted to include degeneration of cervical intervertebral disc, degeneration of lumbosacral intervertebral disc, thoracic post laminectomy syndrome, lumbar post laminectomy syndrome, and lumbosacral neuritis. His previous treatments were noted to include cervical epidural injections, left lumbar epidural injection, surgery, and medications. The progress note dated 04/08/2014, reported the injured worker complaining of back pain, reported pain levels mostly to the groin and lower extremities were persistent and often severe. The injured worker indicated he has fallen a couple of times due to his left lower extremity giving out and due to transient severe pain and associated weakness. The physical examination reported the injured worker sat with his weight to the left side and the examination was not completed due to significant increase in pain levels following the basic exam of reflex testing and seated straight leg. The injured worker reported he relied on medication to manage persistent pain symptoms and continued taking Norco, usually 3 a day, for episodes of increased pain. The injured worker reported with the consistent of this medication, the pain stayed at levels that were tolerable and allowed him to do some limited physical activities (without the medication he was essentially immobilized by pain). The injured worker denied any adverse effects from the pain medication. The Request for Authorization Form dated 04/10/2014, was for hydrocodone 10 - acetaminophen 300 mg 1 every 6 to 8 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 7.5/325 MG #90 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78..

Decision rationale: The injured worker has been taking this medication since 04/01/2013. According to the MTUS Chronic Pain Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's of ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale and it is unclear as to whether the injured worker has had a consistent urine drug screen and when the last test was performed. Therefore, despite documentation of negative side effects and improved functional status with the utilization of this medication, without details regarding evidence of decreased pain on a numerical scale and a recent urine drug screen to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medication is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary and appropriate.