

Case Number:	CM13-0060792		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2003
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 and 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 55-year-old female who reported an injury on 6/13/03. The worker was injured while attempting to stop her mother from falling. The clinical note dated 11/19/13 noted that the injured worker's medication regimen included Lidoderm 5% patches, apply 3 patches daily, 12 hours on 12 hours off; Gabapentin tablets 600mg, ½ tablet at night for 1 week then 1 tablet at night for 1 week, then 1 tablet twice per day for 1 week, and then 1 tablet 3 times per day thereafter; Hydrocodone/APAP 10/325mg, 1 tablet every 6 hours for pain; Amlodipine Besylate 5mg, 1 daily; hydrochlorothiazide 25mg, 1 taken daily. The injured worker had diagnoses including lumbar disc displacement without myelopathy, sciatica, and spinal stenosis of the lumbar spine. Per the clinical note dated 11/13/13, the injured worker presented with chronic low back and lower extremity pain. The injured worker reported that she continued to have low back pain that radiated to her lower extremity and was starting to involve her left lower extremity. The injured worker stated her back pain steadily increased over the prior two months. The injured worker reported that the medications helped with her pain since her pain had been gradually worsening. The provider recommended an updated MRI, and medications be refilled. The injured worker's urine drug screen dated 11/13/13 was consistent with her medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 HYDROCODONE/APAP 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,78,86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. The guidelines recommend that there should be documentation of significant objective improvement in function, objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The guidelines note that an injured worker's cumulative morphine equivalent should not exceed 120mg per day. There was a lack of documentation indicating that the injured worker had significant objective functional improvement with the medication. A full and complete assessment of the injured workers pain was not provided within the medical records. Therefore, the request does not meet the guidelines that state that there should be documentation of an objective improvement in function and an objective decrease in pain. Therefore, the request is non-certified.