

Case Number:	CM13-0064179		
Date Assigned:	01/03/2014	Date of Injury:	10/01/1998
Decision Date:	04/14/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/11/2013

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 Management 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 patient is a 49-year-old female who reported an injury on 10/01/1998. The mechanism of injury was not provided in the medical records. The patient is diagnosed with lumbar disc disorder status post laminectomy more than 10 years ago, right knee arthropathy status post knee surgery, and depressive disorder not otherwise specified. Her symptoms include excruciating pain in the lower back. She was also getting left arm numbness and left leg pain. The patient takes Norco 10/325 mg 4-5 pills a day, Treximet 85/500 mg 1 every other day, Lyrica 75 mg twice a day, Provigil 200 mg every day, Pristiq 50 mg every day, and polyethylene glycol once a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the ongoing management of patients taking opioid medications should

include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation failed to provide evidence of pain relief or increased function with use of opioids and whether there have been reported adverse effects or aberrant drug-taking behaviors. In the absence of detailed documentation, required by the guidelines, for the ongoing use of opioid medications, the request is non-certified.