

Case Number:	CM13-0069879		
Date Assigned:	01/03/2014	Date of Injury:	05/20/2003
Decision Date:	04/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in 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 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 63-year-old female who reported injury on 05/20/2003. The mechanism of injury was not provided. The patient's medication history included opiates as of 2012. The documentation of 10/23/2013 revealed the patient had persistent pain complaints that were a 9/10 on a pain scale and a 9/10 with medication. The patient remained limited with activities including sitting, standing, and walking but noted with medications all of these things are improved. The patient was taking 4 Norco to reduce the pain and allow for an increased level of function. The patient had some constipation and was taking Senna for the constipation. The patient's diagnoses included status post lumbar fusion, lumbar radiculopathy, chronic neck pain, right shoulder arthralgia, and chronic pain syndrome. The plan was to continue with Norco for a maximum of 4 per day and with Senokot for medication induced constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE APAP 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opioids, Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The medication was noted to have been taken since 2012. The patient was being monitored for side effects and had constipation. The clinical documentation submitted for review indicated the patient's level with the pain medication and without the pain medication was 9/10. There was lack of documentation of objective functional improvement and documentation indicating the patient was being monitored for aberrant drug behavior. Given the above, the request for Hydrocodone/APAP 10/325 mg #120 is not medically necessary.