

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0005720 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 05/22/2001 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 43 year old female with a 5/22/01 date of injury. The patient injured her left arm and lower back. The patient has a diagnosis of lumbosacral dis degeneration and lumbar disc displacement. The patient is noted to be on 4 Lori tab tablets daily pain since at least 2012. A progress note from 12/4/13 revealed the patient complained of low back pain 4-5/10. The patient is noted to be working. She reports her epidurals have helped her pain. Her last urine drug screen was in 2011 where it was noted she was positive for hydrocodone. Exam findings revealed the patient had a normal gait. The lumbar spine was limited with regard to range of motion, straight leg raise was noted to be positive on the left. Sensory deficits over the left lateral calf and thigh were noted. Strength was noted to be intact in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF HYDROCODONE/APAP #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no recent documentation of urine drug screen monitoring, functional gains with this medication, or a VAS with and without this medication. As such, the request as submitted was not medically necessary.