

Case Number:	CM14-0006317		
Date Assigned:	03/03/2014	Date of Injury:	08/13/2010
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 43-year-old female with date of injury of 08/13/2010. The listed diagnoses per [REDACTED] dated 12/11/2013 are: 1. Left ankle anterolateral impingement status post scope debridement. 2. Deep vein thrombosis. 3. Joint ankle/foot pain. 4. Ankle sprain, other. 5. Left hip and lumbar pain. According to the report, the patient complains of left ankle pain. She is status post left ankle arthroscopy from 2011. She states that her left ankle is sore but most of her pain is at the left hip and low back. The patient completed physical therapy and reports, "This was not helping." She also reports difficulty sleeping. She also states that "Naproxyn has not helping lately." The physical exam shows tenderness upon palpation of the left S1 joint and spasms in the lumbar spine with painful range of motion. There is also tenderness to palpation on the lateral left hip and left gluteus with excessive lumbar curvature. There is tenderness on the left ankle with swelling. There is also decreased range of motion of the ankle. Strength is 5/5. The utilization review denied the request on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The patient presents with left ankle, left hip, and lumbar pain. The physician is requesting hydrocodone APAP 10/325 mg. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "for 4As for ongoing monitoring" are required which include: analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The review of records from 03/2013 to 12/31/2013 show that the patient has been taking Norco since 2011. The progress report dated 05/20/2013 documents, "She indicates the pain decreases with changing positions and taking medication and while applying ice packs." Other than this statement, none of the reports provided "pain assessment" including: average pain, current pain, least reported pain, et cetera using a numerical scale. In addition, MTUS requires reports on ADLs, adverse side effects and aberrant drug-seeking behavior. Therefore, the request for Hydrocodone/APAP 10/325mg is not medically necessary and appropriate.