

Case Number:	CM14-0008944		
Date Assigned:	02/14/2014	Date of Injury:	12/08/2011
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/23/2014

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 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 injured worker is a 61-year-old female who reported an injury on 12/08/2011; the mechanism of injury was not provided within the medical records. The injured worker presented for a clinical evaluation on 11/27/2013 with chief complaints of pain to the low back, legs, left ankle, and foot. Upon physical examination the injured worker presented with left ankle swelling and moderate tenderness, left spine lumbosacral tenderness, bilateral sciatic notch tenderness greater on the left greater than the right, discomfort with range of motion, and guarded gait with a slight limp on the left. The provider recommended medications to increase overall activities. Medial branch blocks were requested to determine how much pain was axial pain versus radicular pain. The injured worker was instructed to continue medications and perform exercises and activities to tolerance. The injured worker had diagnoses including sprain and strain of the neck unspecified, sprain/strain of the ankle unspecified, sprain/strain of the wrist unspecified, brachial neuritis/radiculitis other, and chronic pain syndrome. The provider's treatment plan included recommendations to continue medications, continue exercises, activities to tolerance, and return in 4 weeks. There was not a request for authorization provided within the documentation. The request was for hydrocodone/APAP 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG QUANTITY 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 MEDICAL TREATMENT GUIDELINES, OPIOIDS, , 78, 81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines On-Going Management, page(s) 78. Page(s): 78.

Decision rationale: The request for hydrocodone/APAP 10/325 mg quantity: 120 is non-certified. The California MTUS, Chronic Pain Medical Treatment Guidelines state ongoing pain management actions should include the lowest possible dose prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The documentation provided for review does not include a urine drug screen. The provider did not include adequate documentation pertaining to side effects from the medication, or lack thereof. Within the provided documentation there was a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. There is a lack of an adequate and complete pain assessment provided in the documentation. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, the request for hydrocodone/APAP 10/325 mg quantity: 120 is not medically necessary and appropriate.