

Case Number:	CM14-0012550		
Date Assigned:	02/21/2014	Date of Injury:	10/17/1994
Decision Date:	07/23/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 59-year-old female with a date of injury of 10/17/94. The exact mechanism of injury has not been described. On 1/3/14, the patient had low back, upper extremity pain, and middle back pain. The pain is a 9/10 with medications and a 10/10 without medications. Her pain has worsened since her last visit. Her activities of daily living are impaired due to her pain. Objective exam included an antalgic gait, vertebral tenderness in the cervical spine at C4-7 and tenderness to palpation bilaterally in the paravertebral area at L3-S1. On 2/28/14, the patient has worsening of pain since her last visit. Diagnostic Impression is Lumbar Disc Displacement, Lumbar Radiculopathy, s/p Lumbar Fusion, Fibromyalgia, Anxiety, and Depression. Treatment to date: medication management and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG #75: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner; 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. However, on the visit notes from 1/3/14 and 2/28/14, the patient describes continued worsening of her pain. On 1/3/14, she states her pain level is 9/10 with medications. The guidelines only support the use of opiates if the patient has continued analgesia. A pain level of 9/10 with medications does not demonstrate adequate pain control, with her current medication regimen in the setting of the patient stating her pain is worsening. Therefore, the request for Hydrocodone 10/325 mg #75 was not medically necessary.