

Case Number:	CM14-0015124		
Date Assigned:	02/28/2014	Date of Injury:	08/09/2006
Decision Date:	07/31/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/06/2014

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 an 8/9/06 date of injury after her chair came out from under her and she fell backwards on the floor hitting her head and cocci. The patient was diagnosed with mild degenerative disc disease at L5-S1. In August of 2013 the patients chronic large opiate intake was concerning and a detoxification program as well as an FRP was recommended. The patient is noted to have a history of Vicodin addiction. The patient was seen on 7/01/13 with complaints of low back pain with intermittent sciatica. Her opiate regimen was noted to be excessive. The patient asked for courtesy to use the restroom, as she was unable to give a urine sample. She was seen on 7/10/13 Her FRP exam on 2/6/14 revealed right sided lower extremity weakness, decreased sensation on the right to the L4-S1 dermatomes, Exam findings revealed mild L spine limited range of motion, otherwise no focal neurologic deficits were noted. The patient's CUIRES reports noted she was picking up her oxycontin 4-5 days early. She was noted to be in an FRP in February 2104 with a total MED of 640. The patient's diagnosis is mild right L5 and S1] radiculopathy MRI 2006: mild degenerative disc disease at L5/S1.UDS 7/1/13: positive for oxycodone, hydrocodone. Blood serum: negative for hydrocodone, positive for oxycodone.UDS 7/11/13: positive for oxycodone and opiatesTreatment to date: medications, FRP, lumbar epidurals, facet injectionsThe UR decision dated 2/5/14 modified the request given the patient's MED was 440 with inconsistent urine drug screens. The request was modified to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO UNITS OF HYDROCODONE/APAP 10-325 MG, DAYS SUPPLY 30, QUANTITY 240, MED 80: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates 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. The patient has been on Oxycontin, and hydrocodone. This is a woman with a 2006 date of injury who was placed on potent opiates secondary to mild degenerative disc disease at L5/S1. She has a history of opiate addiction. Her total MED is 640 as of her most recent FRP evaluation from February 2014, putting her at risk for an adverse drug reaction. In addition, she has had inconsistent urine and blood test results, and has exhibited aberrant behavior with regard to her opiate use. There is no clinically documented reason the patient requires opiates to that degree. The UR decision approved one unit as the patient is still on oxycodone 80 mg TID to allow for a taper. Therefore, the request for two units of hydrocodone is not medically necessary.