

Case Number:	CM14-0110772		
Date Assigned:	08/01/2014	Date of Injury:	09/18/2004
Decision Date:	10/08/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/16/2014

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 and 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:

This is a 52-year-old female with a 9/18/04 date of injury. The exact mechanism of injury was not described. According to a progress report dated 5/14/14, the patient complained of pain in the lower back aggravated with lifting. Objective findings: restricted lumbar spine ROM, tightness and spasm in the lumbar paraspinal musculature noted bilaterally. Diagnostic impression: herniated lumbar disc with radiculitis, right and left knee internal derangement, symptoms of anxiety/depression/insomnia, uterine cancer. Treatment to date: medication management and activity modification. A UR decision dated 6/20/14 denied the request for Hydrocodone/APAP 7.5-325mg #120. As CA MTUS does not recommend long-term opioids for chronic low back pain and as there is no documentation or rationale the requested medication is required for treatment of the injury of 9/18/04, the request is not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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. However, given the 2004 date of injury, a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen results, or CURES monitoring. Therefore, the request for Hydrocodone/APAP 7.5-325mg #120 was not medically necessary.