

Case Number:	CM14-0119037		
Date Assigned:	08/06/2014	Date of Injury:	05/18/1998
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/29/2014

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 64-year-old female with a 5/18/98 date of injury; the mechanism of the injury was not described. The patient was seen on 06/25/14 for the follow up visit. She complained of 7/10 back pain radiating to the right leg and numbness in the right leg. The pain was aggravated by walking and relieved by sitting. She also reported 5/10 unchanged right-sided shoulder pain. The patient recently tapered off Topamax and her medications included duloxetine 45 mg a day, nabumetone 500 mg in the morning and 1000 mg in the evening, Norco 5/325mg, diazepam 5 mg, Voltaren gel and Lidoderm patch. Exam findings revealed flexion of the lumbar spine at 30 degrees and tenderness in the lower back. Strength examination showed 5/5 in the left lower extremity and 3/5 in the right lower extremity and decreased sensation in the right lateral calf. A urine drug screen test performed on 7/19/13 was noted to be "normal". The diagnosis is lumbar degenerative disc disease, status post right rotator cuff repair and reactive depression. Treatment to date: medications. An adverse determination was received on 07/10/14. The request for the Hydrocodone/APAP Tab 5/325mg 75 day Supply #300 was denied, however the reason of the denial was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP Tab 5/325mg 75 day Supply #300: 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. However, given the 1998 date of injury, 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. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. The progress note dated 6/25/14 stated that the patient was taking Norco 5/325mg. There is no rationale indicating the need for additional opioid medication. Therefore, the request for Hydrocodone/APAP Tab 5/325mg 75 day Supply #300 was not medically necessary.