

Case Number:	CM14-0123502		
Date Assigned:	08/08/2014	Date of Injury:	09/17/2011
Decision Date:	09/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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, has a subspecialty in Pain 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:

The injured worker is a 49-year-old female with a reported date of injury on 09/17/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include positive diagnostic right sacroiliac joint injection, right sacroiliac joint pain, right sacroiliitis, status post positive fluoroscopy guided diagnostic right L4-5 and right L5-S1 facet joint medial branch block, right lumbar facet joint pain, lumbar facet joint arthropathy, lumbar stenosis, and lumbar degenerative disc disease. Her previous treatments were noted to include sacroiliac joint injection, facet joint medial branch block, and medications. The progress note dated 07/09/2014 revealed the injured worker complained of low back pain radiating to the right buttock. The injured worker rated her pain as 4/10 and indicated her last dose of Norco was 2 months ago, which was consistent. The injured worker indicated she worked full time, full duty as a station agent. The physical examination revealed lumbar spasms and tenderness upon palpation of the right lumbar paraspinal muscles overlying the L3 through S1 facet joints. The lumbar ranges of motion were mildly restricted by pain in all directions. The lumbar extension was worse than lumbar flexion, and lumbar facet joint provocative maneuvers were mildly positive. Right sacroiliac provocative maneuvers, Patrick's, Gaenslen's maneuver, and pressure at the sacral sulcus were positive. Nerve root tension signs were negative bilaterally, and muscle stretch reflexes were 2+ and symmetric bilaterally. Muscle strength was rated 5/5 in all extremities. The provider indicated the hydrocodone provided 40% of improvement in the injured worker's pain with maintenance of her activities of daily living such as self-care and dressing. The provider indicated her previous urine drug screens were consistent, with no aberrant behaviors. The Request for Authorization form was not submitted within the medical records. The request was for Hydrocodone (Norco) 10/325mg #120, as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 75, 78.

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The documentation provided indicated the hydrocodone provided 40% improvement of pain with maintenance of her activities of daily living such as self-care and dressing. The provider indicated the injured worker was on an up to date pain contract, and her previous urine drug screen was consistent with no aberrant behaviors. The injured worker indicated she had not taken Norco for 2 months, and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.