

Case Number:	CM14-0130074		
Date Assigned:	08/20/2014	Date of Injury:	12/14/1996
Decision Date:	09/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 63-year-old female, who reported injury on 12/14/1996. The mechanism of injury was cumulative trauma. The injured worker underwent surgical treatments for the lumbar spine. The injured worker's previous scans included MRIs of the lumbar spine and cervical spine. Additionally, the injured worker underwent epidural steroid injections, electrodiagnostic studies, medications, selective nerve root blocks, and physical therapy. The injured worker's medications included opiates as of at least 2009. The injured worker was being monitored for aberrant drug behavior through urine drug screens. The documentation of 06/26/2014 revealed the injured worker had reported increased radicular pain down the right lower extremity with no numbness, but had weakness. The injured worker indicated that her pain was reduced from 10/10 to 5/10 with medications. The injured worker had functional gains in activities of daily living, mobility, and restorative sleep, contributing to quality of life. The injured worker was noted to have no side effects from the medication. The injured worker's motor strength was noted to be decreased in right knee extension quadriceps and plantarflexion gastrocnemius. The injured worker had no tenderness upon palpation. The diagnoses included cervical spondylosis without myelopathy, displacement of cervical intervertebral disc and lumbar intervertebral disc without myelopathy, lumbar post laminectomy syndrome, neck pain, fibromyalgia syndrome, spondylolisthesis, brachial neuritis, and disorder of trunk. The injured worker was requesting a medication refill. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone -Acetaminophen 7.5/325mg #95: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2009. The above criteria were met. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Hydrocodone/ Acetaminophen 7.5/325 mg #95 is not medically necessary.