

Case Number:	CM14-0020608		
Date Assigned:	04/30/2014	Date of Injury:	03/07/2013
Decision Date:	07/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The injured worker is a 51-year-old female who reported injury on 3/7/13. The documentation indicated that the injured worker had been utilizing opiates as of the earliest documentation supplied, dated August 2013. The physician documentation indicated that the injured worker's date of injury was 3/7/12. The documentation of 12/19/13 revealed that the injured worker was utilizing Hydrocodone three times a day. The pain was rated at 10/10. The diagnoses included musculoligamentous sprain of the lumbar spine with right lower extremity radiculitis, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, disc bulges C5-6 and C6-7, internal derangement of the right shoulder, osteoarthritis of the right knee, tear of the lateral meniscus right knee, right knee medial synovial plica, and status post right knee arthroscopy with partial lateral meniscectomy and resection of medial synovial plica as of 11/6/13. The treatment plan included physical therapy, exercises, Lorazepam 2mg, Tramadol 50mg, Hydrocodone/APAP 10/325mg #30 as needed for pain, naproxen sodium 550mg #60 twice a day, Omeprazole 20 mg #60, and ketorolac 60mg with Xylocaine 1 mL that was given in the for the relief of right knee symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines indicate opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement and 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 been utilizing the medication since August 2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. As such, the request is not medically necessary.