

Case Number:	CM14-0022052		
Date Assigned:	05/09/2014	Date of Injury:	01/25/1993
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 69-year-old female who reported an injury on January 25, 1993. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 01/28/2014 reported the injured worker complained of low back pain and bilateral leg pain. The injured worker underwent a left total knee replacement on November 1, 2012. The injured worker has utilized previous pain therapies including surgery on her back, spinal steroid injections, transcutaneous electrical nerve stimulation unit therapy, pain medication/narcotics, non-steroidal anti-inflammatory drug s, topical ointments, chiropractic care, massage therapy, physical therapy and aquatic therapy. The injured worker rated her pain at a 6/10 at her best and worst pain 9/10. The injured worker described her pain as aching. The injured worker has undergone a lumbar laminectomy, an open reduction and internal fixation of the femur and a total knee replacement bilaterally. Upon the physical exam, the provider noted the range of motion in the cervical spine was greatly reduced and tenderness to palpation in the mid trapezius area. The provider also noted the range of motion was 75% of expected in the lumbar spine. The provider also noted tenderness to trigger points in the low lumbar area bilaterally. The provider noted tenderness over the lower facet joints. The provider requested to fill 1 prescription of compound hydrocodone 20 mg, #180 (3 given) for the improvement of pain. The request for authorization was provided and submitted on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF COMPOUND HYDROCODONE 20 MG, #180 (3 GIVEN): 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 Opioids, criteria for use, On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review, B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 - Elsevier.

Decision rationale: The request for 1 prescription of compound hydrocodone 20 mg, #180 (3 given) is not medically necessary. The injured worker complained of low back pain, leg pain. The injured worker rated her pain at a 6/10 at her best and 9/10 at the worst. The injured worker described her pain as aching. The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines noted pain assessment should include current medications, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The provider did not document an adequate and complete pain assessment within the documentation. There was lack of documentation indicating the medication had been providing objective functional benefit and improvement. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and more robust primary studies are required to inform practice recommendations. Therefore, the request for 1 prescription of compound hydrocodone 20 mg, #180 (3 given) is not medically necessary.