

Case Number:	CM14-0022067		
Date Assigned:	05/09/2014	Date of Injury:	07/14/2000
Decision Date:	10/13/2014	UR Denial Date:	01/24/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 66-year-old female who reported an injury on 07/14/2000. The mechanism of injury is not provided. On 04/11/2014 the injured worker presented with more energy and was able to cut down opioid narcotic pain medicine. Upon examination there was decreased range of motion, 5/5 strength in lower extremities and tenderness to palpation in the back region. There was 2/2 deep tendon reflexes from the ankle to knees. The diagnoses were lumbosacral disc injury, lumbosacral spondylosis, lumbosacral radiculopathy, lumbosacral fusion failed on 2/27/2003, failed back pain syndrome and myofascial pain syndrome. Past therapy included medications. The provider recommended hydrocodone 10/325 mg; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325 MG #180: Upheld

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

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

Decision rationale: MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There was lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behaviors and side effects. The efficacy of the prior use of the medication was not provided. As such, the request is not medically necessary.