

Case Number:	CM14-0024164		
Date Assigned:	06/16/2014	Date of Injury:	08/08/1998
Decision Date:	08/12/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

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, 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 68-year-old male who reported an injury on 08/08/1998. The mechanism of injury was not provided for clinical review. The diagnoses included disc lesion of the cervical spine with radiculitis, bilateral shoulder strain, lumbar disc lesion with radiculitis, status post left knee arthroscopic surgery, internal derangement of the right knee, anxiety/depression, insomnia, degenerative joint disease of the left knee. Previous treatments include surgery and medication. In the clinical note dated 04/23/2014, it was reported the injured worker complained of cervical spine pain, lumbar spine pain, left knee pain, and right knee pain. Upon the physical examination, the provider noted the cervical spine revealed decreased range of motion. The injured worker had tenderness to palpation along the cervical paraspinal musculature. The provider noted a positive Spurling's test. Upon examination of the lumbar spine, the provider revealed decreased range of motion. Tenderness to palpation was noted along the lumbar paraspinal musculature and a positive straight leg raise was noted. The provider requested for pharmacy purchase of hydrocodone. However, rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF HYDROCODONE/APAP 10/325MG 30 DAY SUPPLY, TOTAL OF 60 TABLETS.: 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 rationale: The request for pharmacy purchase of hydrocodone/APAP 10/325 mg 30 day supply, total of 60 tablets is not medically necessary. The injured worker complained of cervical spine pain, lumbar spine pain, left knee pain, and right knee pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The provider did not document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.