

Case Number:	CM14-0025632		
Date Assigned:	06/13/2014	Date of Injury:	08/25/2010
Decision Date:	08/04/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 54-year-old male who reported an injury on 08/25/2010. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be epidural steroid injections, medial branch blocks, physical therapy, multiple surgeries, and medications. The injured worker's diagnoses were noted to be pain in the joint of the lower leg; myalgia and myositis; arthropathy of the lower leg; and thoracic or lumbosacral neuritis or radiculitis. The injured worker had a clinical evaluation on 06/17/2014. The injured worker's complaints were left ankle pain and multiple joint pain. The injured worker rated the pain a 10/10 on a 0 to 10 scale. He characterized the pain as burning, sharp, and throbbing. The injured worker stated medications help with pain. He also indicated that he tolerates medications well. It was noted that the injured worker showed no evidence of developing medication dependency. It was noted with current medication regimen the injured worker's symptoms were adequately managed. The physical evaluation noted the worker ambulated with the use of a cane. Range of motion was restricted and limited by pain. Motor testing was limited by pain. On sensory examination, light touch sensation was decreased over lateral calf of the left side. Straight leg raise test was positive on both sides. The treatment plan included a request for an EMG report. The patient was to continue on medications, ice, heat, and exercise. The provider's rationale for the request was not provided within the documentation. The Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

**QUANTITY THREE HYDROCODONE 10-325MG #90 HYDROCODONE 10/325MG
#30: 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, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the injured worker had a clinical evaluation on 06/17/2014. The pain assessment was inadequate according to the 4A's. The patient rated pain a 10/10. It is not clear if hydrocodone is effective in addressing the pain needs of the injured worker. It is not noted if there are side effects associated with the pain medication. The documentation failed to provide a recent urine drug screen. In addition, the request fails to provide a frequency. Therefore, the request for quantity 3 hydrocodone 10/325 mg quantity 90, hydrocodone 10/325 mg quantity 30 is not medically necessary and appropriate.