

Case Number:	CM14-0037025		
Date Assigned:	06/25/2014	Date of Injury:	05/21/2002
Decision Date:	08/12/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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 45-year-old female with a reported date of injury on 05/21/2002. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include lumbar disk disease with radiculitis, degeneration of lumbar disks and grade 2 spondylolisthesis of L5 on S1 and bilateral moderate neuroforaminal compression on L5 nerve roots. Her previous treatments were noted to include epidural steroid injection, medications, a TENS unit and physical therapy. Progress note dated 03/07/2014 revealed the injured worker complained of an increase in sciatic pain since her last epidural steroid injection and was experiencing pains in her lower extremities at night. The injured worker had a previous epidural injection in 10/2013 and she was able to cut down on medications after the last one and felt she could perform her usual household chores of cleaning and running errands without difficulty. The injured worker reported the pain has returned to its previous levels. The physical examination was not submitted within the medical records. Her medications were noted to include; cyclobenzaprine 7.5 mg tablets, 1 three times a day, hydrocodone/APAP 10/300 mg tablets, 1 daily, Keppra 500 mg tablets 1 twice a day, ketoprofen 75 mg 1 tablet twice a day as needed with food, omeprazole 20 mg 1 tablet 1 to 2 times a day as needed. The Request For Authorization form dated 03/07/2014 was for hydrocodone/APAP tablets 190/300 one tablet daily for 30 days, #30, refills 0 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE /apap 10/30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 01/02/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4As for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors should be addressed. There is lack of documentation regarding evidence of a decreased pain on a numerical scale, side effects and it is unclear whether the injured worker has had consistent urine drug screen and when the last test was performed. The injured worker reported that she was able to cut down on medications and perform household chores due to the epidural steroid injection. Therefore, due to a lack of documentation regarding significant pain decrease, functional improvement, side effects and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide frequency at which this medication is to be utilized. As such, the request is not medically necessary and appropriate.