

Case Number:	CM14-0039083		
Date Assigned:	06/27/2014	Date of Injury:	12/14/1998
Decision Date:	08/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational Medicine 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:

This is a 64-year-old female with a 12/14/98 date of birth. The mechanism of injury was not noted. According to a 3/7/14 progress note, the patient complained of chronic low back pain. She rated her low back pain at 7/10 and said it has been ranging from 7-10/10 daily since her last visit. She mentioned it continues to be aggravated by cold winter weather. She stated that her low back pain is reduced by heat, rest, gentle stretches, and her chronic pain medication maintenance regimen. Objective findings noted were: tenderness in the left lumbosacral area, particularly with extension; normal flexion; negative straight leg raise; negative Patrick's. Diagnostic impression: degeneration of lumbar or lumbosacral intervertebral disc, myalgia and myositis, unspecified; adjustment disorder with depressed mood; thoracic or lumbosacral neuritis or radiculitis, unspecified; spasm of muscle. Treatment to date has included medication management, activity modification, and lumbar facet ablation. A utilization review (UR) decision dated 3/12/14 modified the request for Hydrocodone/APAP 10/325mg from 120 tablets to 20 tablets for weaning purposes. There was no detailed report available indicating the need for use of opiate pain medications. Prolonged use of narcotic medications is not indicated. Sooner or later, the use of these medications will cause dependency issues and/or end-organ complications. These medications are designed to be used for a short duration only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment, unless prescriptions are from a single practitioner and medications are taken as directed; medications are prescribed at the lowest possible dose; and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a UR decision dating back to 11/11/13 that recommends weaning off of Hydrocodone for this patient. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient stated in a 2/5/14 progress note that, due to increased pain, she has severe interference with performing her daily activities. Furthermore, there is no documentation regarding the presence or absence of aberrant behavior, an opioid pain contract, urine drug screening, or CURES monitoring. Therefore, the request for Hydrocodone/ APAP 10/325mg #120 is not medically necessary.