

Case Number:	CM14-0039366		
Date Assigned:	06/27/2014	Date of Injury:	09/05/2002
Decision Date:	08/20/2014	UR Denial Date:	03/04/2014
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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 09/05/2002, while attempting to catch a client who was falling backwards. The injured worker had a history of leg and buttocks pain. The injured worker had a diagnosis of cervical cervicgia, chronic pain and back pain. The medications include Cyclobenzaprine 10 mg, Ibuprofen 600 mg and Methadone 10 mg as well as Norco 10/325 mg. The MRI dated 08/19/2003 of the lumbar spine revealed degeneration with bulging at the L4-5 with some foraminal stenosis at the L3-4 and L5-S1. The MRI dated 11/26/2003 revealed a disc protrusion at the C5. The objective findings dated 03/24/2014 of the cervical spine revealed flexion at to 55 degrees and rotation at 70 degrees. The bilateral upper extremity strength was normal. The lumbar spine examination revealed tenderness to palpation at the par spinous. Straight leg raise was negative bilaterally. The treatment plan included a referral for physical therapy and for pain management as well as to continue with the Methadone, Flexeril and Ibuprofen. The Request for Authorization dated 03/24/2014 was submitted within the documentation. The rationale for the Hydrocodone was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term use of opiates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Pain Management Page(s): 78.

Decision rationale: The request for Hydrocodone/APAP 10/325 mg, #100 is not medically necessary. The California MTUS Guidelines state that Norco/Hydrocodone/Acetaminophen is a short-acting Opiate which is an effective method of controlling chronic, intermittent or breakthrough pain. The guidelines recommend 4 domains that have been proposed as most relevant in the ongoing monitoring of chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or no adherent drug related behaviors. The chart notes did not address the pain scale for the injured worker nor did they address any side effects, physical or psychosocial functioning and the potential for aberrant drug-related behaviors. The physical findings revealed normal findings with only minimal deficits. The request did not address the frequency of the medication. As such, the request is not medically necessary.