

Case Number:	CM14-0041248		
Date Assigned:	06/30/2014	Date of Injury:	01/17/1997
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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:

The patient is a 70 year old female who was injured on 01/17/1997. The mechanism of injury is unknown. The patient's medications as of 09/24/2013 included Skelaxin 800mg 1 tablet up to 3-4 tablets #60/month x 6 refills, Temazepam 30mg I capsule at bedtime as needed for sleep #30/month x 6 refills, Ibuprofen 600mg 3 tablets per day as needed with meals #100/month x 6 refills, Hydrocodone/APAP 5/500 one tablet every 6-8 hours as needed for pain relief #50/month x 6 refills, over-the-counter vitamin B complex twice per day #60/month, over-the-counter Diphenhydramine, Hydrochlorothiazide 25mg I tablet every morning #30/month, Metformin 500mg 2 tablets per day with a meal #60/month, Levothyroxine 50mcg I tablet per day before breakfast #30/month, Lovastatin 40mg/day one tablet after dinner #30/month, Bupropion HCL ER 100 mg 2 tablets per day #60/month, Atenolol 50mg I tablet twice per day #60/month, Imitrex 50mg as directed as needed #9/month, Symbicort one 60/4.5mcg I puff every morning and evening #one inhaler/month, Pantoprazole 40mg twice per day #60/month, Gemfibrozil 600mg I tablet twice per day #60/month, and Albuterol 2 puffs every 4 hours #one inhaler/month, and discontinue Flexeril. Urine toxicology report dated 09/24/2013 revealed the patient to be consistent with medication regimen. There is no updated urine drug screen for review. Progress report dated 09/24/2013 indicates the patient complained of poor balance. She reported side effects from Flexeril but tolerating other medications well. On exam, she has slight to minimal epigastric discomfort and left lower quadrant tenderness to palpation. Her diagnoses are hypercalcemia of unknown etiology, chronic pain, chronic fatigue, anxiety/depression, irritable bowel syndrome, GERD, glucose intolerance and dyslipidemia; degenerative arthritis of the right knee and possible early nephropathy. The treatment and plan included discontinue Flexeril and she was provided refills on her medication including hydrocodone APAP 5/300 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APA 5/300 MG Quantity 50: 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 Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The patient is on multiple medications and has no documented objective functional improvement from taking hydrocodone/APAP. MTUS Guidelines require evidence of functional improvement as a basis for ongoing treatment with opioid medications. Based on the CA MTUS/ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.