

Case Number:	CM14-0043584		
Date Assigned:	07/02/2014	Date of Injury:	04/21/2011
Decision Date:	09/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56-year-old male with a reported date of injury on 04/21/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include chronic lumbar pain, chronic radiculopathy, history of left knee arthroscopy surgery and left knee internal derangement. His previous treatments were noted to include medications, surgery, lumbar epidural steroid injection and physical therapy. The progress note dated 03/24/2014; revealed complaints to the low back rated 7/10. There was residual pain reported to the left knee. The injured worker indicated benefits from the Norco 7.5 up to twice a day. The physical examination revealed no signs of sedation. There was spasm and tenderness of the lower lumbar spine and was noted with decreased range of motion with an antalgic gait. The Request for Authorization form was not submitted within the medical records. The request was for hydrocodone/APAP 7.5/325 mg days 30 quantity 30, for low back pain. The injured worker has been utilizing the medication since at least 08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP 7.5-325 MG days 30, quantity 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 the medication since at least 08/2013. 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 4 A's 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 with evidence of decreased pain on a numerical scale with the use of medication. There is lack of documentation regarding improved functional status with the utilization of this medication. The injured worker indicated there were no side effects and there is a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding evidence of significant pain relief on a numerical scale, improved functional status and without details regarding urine drug screens to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.