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| Case Number: | CM14-0048284 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/23/2005 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 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 52-year-old female who reported an injury on 10/10/2005. The mechanism of injury was continuous repetitive trauma over the period of employment. It was noted within the clinical note dated 05/09/2014 the injured worker complained of neck and lower back pain. Physical examination on that date revealed range of motion of the cervical spine demonstrated forward flexion was 50 degrees, extension was 50, and right and left rotation was 65 degrees. Lateral right and left bending was 30 degrees. Foraminal compression test was positive as well as Spurling's test was positive. There was tightness and spasm in the trapezius, sternocleidomastoid and straps muscles on the right and left. Lumbar range of motion demonstrated flexion was 50 degrees, extension was 20 degrees, and lateral right and left bending was 20 degrees. Straight leg raise was positive at 75 degrees on the right and left. There was tightness and spasms in the lumbar paraspinal musculature bilaterally. Diagnostic studies provided within the documentation submitted for review included an MRI of the spine in 04/2007 and electromyography (EMG)/nerve conduction studies (NCS) on 05/31/2006. The injured worker's diagnoses included cervical strain, herniated cervical disc, lumbar strain, herniated lumbar disc, symptoms of anxiety and depression, and symptoms of insomnia. Previous treatments included pain injections and chiropractic treatment. Medications included Norco 10/325 mg, Ultram 150 mg, Anaprox 550 mg, and Prilosec 20 mg. The provider request was for hydrocodone/APAP tab 10/325 day supply 30, quantity #120. The request for authorization form and rationale for the requested medication were not provided in the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP Tab 10/325 Day supply 30, QTY #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-78.

Decision rationale: The injured worker has a history of chronic pain and long-term opiate use. The California MTUS Guidelines note prescriptions should be from a single practitioner and taken as directed and all prescriptions should be from a single pharmacy. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation to indicate that a complete and accurate review and documentation of pain relief, functional status, appropriate medication use, and side effects has been performed. The documentation provided does not indicate a complete pain assessment was completed. There is a lack of documentation to indicate the use of random urine drug screens to rule out aberrant drug taking behaviors. There is a lack of documentation to indicate significant symptomatic relief and improved functional capacity with the ongoing use of opioids. Additionally, the request does not indicate the frequency at which the medication is prescribed and the quantity of the medication being requested in order to determine the necessity of the medication. As such, the request for hydrocodone/APAP tab 10/325 day supply 30, quantity #120 is not medically necessary and appropriate.