

Case Number:	CM14-0053673		
Date Assigned:	07/07/2014	Date of Injury:	07/05/2000
Decision Date:	11/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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 55 year old female with complaints of low back pain, bilateral knee pain and left ankle pain. The date of injury is 7/5/00 and the mechanism of injury is fall injury falling backwards on her left ankle fracturing it and also injuring her low back. At the time of request for hydrocodone/APAP 10/325#120, there is subjective (low back pain, left ankle pain) and objective (uses a walker for ambulation and has a short stride gait that is antalgic and reciprocal heel toe pattern. Colostomy bag noted and severe paraspinal lumbar spine tenderness) findings, imaging findings (MRI knees 5/5/14 shows medial meniscal tear right knee, chondromalacia, synovitis, arthritis, baker's cyst; the left knee shows grade III chondromalacia, ganglion head of the gastronemius, baker's cyst; 11/5/10 MRI lumbar spine shows L3-4 facet disease, L4-5, L5-S1 decompression fusion with hardware), diagnoses (left ankle with osteochondral defects s/p surgery, degenerative arthritis bilateral knee with chronic knee pain, right ankle pain, chronic low back pain s/p discectomy L4-5 with fusion l4-5, L5-S1, facet arthritis L3-4, chronic neck pain and bilateral upper extremity pain, injury left wrist with left trigger thumb) and treatment to date (surgery, synvisc injection, medications, discogram, lumbar fusion, physical therapy). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web edition; Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, the request for Norco 10/325 #120 is not medically necessary.