

Case Number:	CM14-0068792		
Date Assigned:	07/14/2014	Date of Injury:	02/10/2004
Decision Date:	08/13/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/13/2014

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 and is licensed to practice in California and Washington. 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 63-year-old female with a reported date of injury on 02/10/2004. The mechanism of injury was not provided. The injured worker was examined on 04/03/2014 for non-complicated emphysema. She mentioned at the hospital that she was given a lower dose of her Hydrocodone than normal, and stated that the Oxycodone was working well, but would like to try the lower dose of Hydrocodone. The injured worker had a history of switching back and forth about every month to every other month between the Oxycodone and the Hydrocodone. On 11/12/2013, the injured worker was seen by a physician regarding her lower back pain, bilateral hip pain, and leg pain. It was stated on the report that the injured worker tried Oxycodone instead of Hydrocodone. It was stated that the Oxycodone worked well compared to the Hydrocodone, and the injured worker reported getting muscle aches while utilizing the Hydrocodone. Prior treatment included a medial branch block in 2012 and a medial branch neurotomy in 2013. There was no evidence of conservative therapy to include physical therapy or ice, heat, a home exercise program or the use of NSAIDs. The injured worker had a history of an allergy to codeine. The injured worker reported that with her procedures and medications, she was able to maintain an active life and take care of herself, and maintain her household and quality of life better. Her diagnoses consisted of right lumbar facet pain. The Request for Authorization for the Hydrocodone was signed and dated on 04/09/2014. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

Decision rationale: The request for the Hydrocodone/acetaminophen 5/325 mg, 150, is not medically necessary. The injured worker does have a history of changing back and forth from Oxycodone to Hydrocodone. She has changed her mind on a couple of occasions, stating that Oxycodone works better and indicating that she had muscle aches while taking Hydrocodone. The California MTUS Guidelines recommend ongoing monitoring, and documentation for management of opiates to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. There is a lack documentation indicating the efficacy of the medication including a full pain assessment and evidence of objective functional improvement. The injured worker did mention that she was having muscle aches while taking the Hydrocodone, and she also has an allergy to codeine. The requesting physician did not indicate when a urine drug screen was last performed. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Hydrocodone/acetaminophen 5/325 is not medically necessary.