

Case Number:	CM14-0072190		
Date Assigned:	07/16/2014	Date of Injury:	07/26/1996
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 injured worker is a 73-year-old female who has submitted a claim for long-term use of medications, degeneration of lumbar/lumbosacral disc, pain in shoulder joint, lumbar disc displacement without myelopathy, ulnar nerve lesion, and sciatica; associated with an industrial injury date of 07/26/1996. Medical records from 2013 to 2014 were reviewed and showed that the injured worker complained of low back pain radiating down her left lower extremity. Previous lumbar ESIs helped reduce her pain by about 70% for about 6 months. Physical examination showed that the injured worker's gait was grossly normal and non-antalgic. The injured worker ambulated into the room without any assistance. The injured worker was alert and oriented x3 and there were no signs of sedation. Treatment to date has included medications, physical therapy, and epidural steroid injection. Utilization review, dated 05/14/2014, modified the request for hydrocodone/APAP to allow for submission of the CA MTUS mandated documentation including risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract, as well as continued evidence of efficacy with prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /APAP 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the injured worker has been prescribed Hydrocodone/APAP since at least December 2013. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects from use of opioid medication. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/APAP 10/325MG #150 is not medically necessary.