

Case Number:	CM14-0078027		
Date Assigned:	07/18/2014	Date of Injury:	10/05/2009
Decision Date:	09/17/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 46 year-old with a date of injury on 10/5/2009. Subjective complaints are of pain in the neck and low back, right elbow and bilateral knees. Pain in shoulders is rated 7/10. Physical exam shows low back tenderness and spasm, with decreased range of motion, bilateral knee pain with swelling, and cervical spine pain and decreased range of motion. Medications include Hydrocodone, Flexeril, Omeprazole, and a compounded cream. Prior treatments have included activity modification, physical therapy, aquatic therapy, TENS, chiropractic, epidural steroid injections, and psyche treatment. Urine drug screening from 4/2/14 was inconsistent as Hydrocodone was not present in the urine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 (60 tabs): 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): 74-96.

Decision rationale: This patient has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear

evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, there is documentation of inconsistent urine drug screening. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested Hydrocodone is not medically necessary.