

Case Number:	CM14-0078422		
Date Assigned:	07/18/2014	Date of Injury:	01/22/2007
Decision Date:	10/01/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/28/2014

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 Management and is licensed to practice in Tennessee. 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 63-year-old female with a 1/22/07 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/5/14, the patient reported low back pain radiating down posterior dermatomes bilaterally with numbness/tingling. She stated that her hydrocodone/APA was stopped when she tested positive for marijuana, she was using marijuana to help her sleep. She has noted a significant increase in her pain symptoms and decreased function without her medications. Objective findings: tenderness to palpation over left adductor and left iliopsoas bursa, pain with interior and external rotation of left hip and with abduction, antalgic gait. Diagnostic impression: degeneration of lumbar intervertebral disc, pelvic/hip pain, myalgia. Treatment to date: medication management, activity modification, lumbar ESI, acupuncture. A UR decision dated 9/5/14 denied the request for Hydrocodone/APAP 5/325. The claimant currently has a history of inappropriate urinary drug screen with marijuana usage that has yet not been rectified. The provider should engage in a discussion with the claimant to reverse the inappropriate drug use so that opioid therapy can be re-established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 mg, one(1) to two(2) tablets by mouth, four (4) times a day, for thirty (30) days, with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is documented that the patient is currently using marijuana to help her sleep. UR decisions from 4/29/14 and 5/16/14 have denied the request for Hydrocodone/APAP due to the patient's use of marijuana. Guidelines do not support the continued use of opioids in the presence of illicit drug use. Therefore, the request for Hydrocodone/APAP 5/325 mg, one(1) to two(2) tablets by mouth, four (4) times a day, for thirty (30) days, with no refills was not medically necessary.