

Case Number:	CM14-0097726		
Date Assigned:	07/28/2014	Date of Injury:	01/12/2006
Decision Date:	09/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas and Oklahoma. 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 41-year-old male with a reported date of injury on 01/12/2006. The injury reportedly occurred when the injured worker slipped and fell on the stairs. His diagnoses are noted to include right sacroiliac joint pain, L5-S1 artificial disc, lumbar disc protrusion, lumbar stenosis, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar facet joint pain at the L3-S1 and lumbar sprain/strain. The progress note dated 05/29/2014, revealed complaints of low back pain, right worse than left, and right buttock pain. The injured worker reported 70% improvement since receiving the fluoroscopy guided right sacroiliac joint radiofrequency nerve ablation. The urine drug screen performed 04/02/2014, was consistent with the injured worker's medications. The physical examination revealed tenderness upon palpation of the lumbar paraspinal muscles, L3-S1 facets and right sacroiliac joint. The lumbar range of motion was restricted by pain in all direction. The lumbar extension was worse than the lumbar flexion and lumbar discogenic and facet joint provocation maneuvers were positive. Sacroiliac provocative maneuver, Gaenslen's, Patrick's maneuver, sacroiliac compression, Yeoman's were positive on the right and pressure at the sacral sulcus was positive bilaterally. Muscle strength reflexes were 2 and symmetric bilaterally. Muscle strength rated 5/5 in all limbs except 4/5 in the right quadriceps, tibialis anterior and extensor hallucis longus. The provider indicated the hydrocodone provided 50% pain decreased and 50% improvement of the injured worker's activities of daily living, such as self care and dressing. The injured worker had an up to date pain contract and the previous urine drug screen was consistent. There were no adverse effects reported with the utilization of this medication and the injured worker showed no aberrant behavior. The Request for Authorization form was not submitted within the medical records. The request was for Hydrocodone 10/325 mg 1 tablet by mouth 3 times a day #90 with 2 refills for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325 MG 1 TAB P.O. T.I.D. #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Hydrocodone 10/325 mg 1 tablet by mouth 3 times a day #90 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 2010. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's of ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated the hydrocodone provided 50% decrease of his pain with 50% improvement of his activities of daily living such as self care and dressing. The medication had no adverse effects on the injured worker. The injured worker showed no aberrant behavior with this medication and the urine drug screen performed 04/02/2014 was consistent with therapy. The guidelines do not recommend the chronic use of opioids and there is a lack of an adequate pain scale assesment. As such, the request is not medically necessary.