

Case Number:	CM14-0190490		
Date Assigned:	11/21/2014	Date of Injury:	12/13/2012
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation 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:

This is a 42-year-old female with a 12/13/12 date of injury. The injury occurred when she was pushing a patient uphill and developed low back and right lower extremity pain. According to an appeal note dated 12/3/14, the patient complained of persistent back and leg pain. She was having more pain on the left side of her neck. She stated that her pain was a 6-7/10 with medications and was an 8-10 without medications. The patient has been using Norco for breakthrough pain and for flare-ups. She reported that her ability to stand and walk was improved with medications and that she has had improvements in activities of daily living. She had an opioid contract on file and her CURES report dated 11/11/14 indicated that she has not been receiving opiate prescriptions from any other physicians. Her urine drug screen conducted on 5/19/14 was negative for opioids, which was consistent with her current prescription of Norco (which was being used only as needed). Objective findings: straight leg raise is negative, spasm and guarding noted in lumbar spine. Diagnostic impression: lumbosacral strain, bilateral knee strain, right hip strain, and bilateral ankle strain. Treatment to date: medication management, activity modification, functional restoration program, and physical therapy. A UR decision dated 11/7/14 denied the request for Hydrocodone-Acetaminophen 10/325mg #30. There is no VAS quantification of pain with and without medications. There are no documented symptoms or functional improvement from its long-term usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325 #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 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. In the present case, the patient stated that medications reduced her pain level from an 8/10 to a 6-7/10 and she has been using Norco for breakthrough pain and for flare-ups. She reported that her ability to stand and walk was improved with medications and that she has had improvements in activities of daily living. She had an opioid contract on file and her CURES report dated 11/11/14 indicated that she has not been receiving opiate prescriptions from any other physicians. Her urine drug screen conducted on 5/19/14 was negative for opioids, which was consistent with her current prescription of Norco (which was being used only as needed). Therefore, the request for Hydrocodone-Acetaminophen 10/325 #30 is medically necessary.