

Case Number:	CM14-0207517		
Date Assigned:	12/19/2014	Date of Injury:	05/17/1996
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Illinois
 Certification(s)/Specialty: Internal Medicine

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 59-year-old female who reported an injury on 05/17/1996. The mechanism of injury was not provided. She was diagnosed with cervical spine discopathy. Her past treatments were noted to include acupuncture and medications. The clinical note dated 12/18/2014 was handwritten and largely illegible. Within the discernable documentation, it was noted that the injured worker reported no changes. Upon physical examination of the lumbar spine, she was noted to have tenderness and limited range of motion. It was also noted the injured worker had a positive compression test and shoulder impingement. Her current medications were not provided. The treatment plan was noted to include refill medications and the rationale for the request was not provided. A Request for Authorization was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/apap10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

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

Decision rationale: The request for hydrocodone/APAP 10/325 mg #120 is not medically necessary. The California MTUS Guidelines state ongoing management of opiate use should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. It was noted that the injured worker has been on the requested medication since at least 03/2014. The documentation submitted for review does not indicate that the use of the opiate provides pain relief for her, nor does it indicate that it helps her ability to perform activities of daily living. There is also a lack of evidence for consistent urine drug screens, verifying appropriate medication use. Additionally, the request, as submitted, does not specify a frequency of use. Based on the documentation provided, use of the opioid would not be supported by the guidelines. As such, the request for hydrocodone/APAP 10/325 mg #120 is not medically necessary.