

Case Number:	CM15-0021502		
Date Assigned:	02/11/2015	Date of Injury:	07/23/2006
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported an injury on 07/23/2006. The mechanism of injury was the injured worker was adjusting a sofa bed and felt pain in her low back. The diagnoses included status post lumbar decompression on the left at L4-5. The injured worker underwent an electrodiagnostic studies. The injured worker underwent an MRI of the lumbar spine on 12/11/2010. The injured worker underwent urine drug screens. The injured worker's medications included hydrocodone and Ambien as of at least 03/2014. There was a Request for Authorization submitted for review dated 01/20/2015. The documentation of 12/29/2014, revealed the injured worker had low back pain, cervical, and left shoulder pain. The injured worker's medication include hydrocodone 10 mg twice a day and Ambien 10 mg at bedtime. The injured worker denied side effects. The physical examination revealed tenderness in the lumbar and cervical spine, and limited range of motion. The injured worker had tenderness in the left shoulder. The diagnoses included status post lumbar decompression left L4-5, rule out lumbar intradiscal component, rule out lumbar radiculopathy, cervical pain with upper extremity symptoms, and left shoulder pain. The treatment plan included a lumbar spine orthosis, and hydrocodone 10 mg twice a day, and Ambien 10 mg daily at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The injured worker had no side effects. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for hydrocodone 10 mg is not medically necessary.