

Case Number:	CM15-0089171		
Date Assigned:	05/13/2015	Date of Injury:	07/01/2011
Decision Date:	06/23/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old female who sustained a work related injury July 1, 2011. While walking on a cement patio, she tripped on a water hose, twisting her left ankle, left knee, and lower back. According to a primary treating physician's progress report, dated March 17, 2015, the injured worker presented with complaints of severe, sharp, and burning low back pain radiating to the bilateral legs with tingling. There is also left hip pain described as throbbing, left knee pain described as described as constant and severe with cramping, radiating to the whole leg with numbness and weakness. Left ankle pain is described as moderate to severe, stabbing and throbbing, with tingling, cramping, and numbness. Diagnoses are documented as lumbar myospasm; lumbar radiculopathy; lumbar sprain/strain; insomnia, left knee internal derangement and medial meniscus tear. Treatment plan included a request for Hydrocodone and Orphenadrine. The medications listed are omeprazole, cyclobenzaprine, Quazepam and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 42-43, 74-96, and 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records show that the patient is utilizing opioids with other sedative medications concurrently. There is no documentation of guidelines mandated compliance monitoring of UDS, CURES data reports, absence of aberrant behavior and functional restoration. The criteria for the use of Hydrocodone/APAP 10/325mg #90 were not met. Therefore the request is not medically necessary.

Orphenadrine 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records show that the patient is utilizing opioids with other sedative medications concurrently. There is no documentation of guidelines mandated compliance monitoring of UDS, CURES data reports, absence of aberrant behavior and functional restoration. The criteria for the use of Hydrocodone/APAP 10/325mg #90 were not met. Therefore the request is not medically necessary.