

Case Number:	CM14-0121280		
Date Assigned:	08/06/2014	Date of Injury:	06/03/1999
Decision Date:	10/09/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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 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:

The patient is a 71-year-old female who has submitted a claim for cervical disc degeneration, cervical radiculopathy, chronic pain other, lumbar radiculopathy, right foot pain, bilateral knee pain, and osteoarthritis of bilateral knees associated with an industrial injury date of 06/03/1999. Medical records from 11/25/2013 to 04/17/2014 were reviewed and showed that patient complained of neck pain graded 8-10/10 radiating down bilateral upper extremities, low back pain graded 8-10/10 radiating down bilateral lower extremities, and bilateral knee pain graded 8-10/10. The physical examination of the lumbar spine revealed tenderness over L4-S1 spinal vertebral area. The physical examination of lower extremities revealed tenderness over bilateral knees with moderate swelling. An evaluation of the cervical spine was not made available. Magnetic resonance imaging of the cervical spine dated 03/17/2010 revealed C5-6 and C6-7 disc degeneration and C6-7 left neural foraminal compromise. X-ray of the right knee dated 12/28/2012 revealed osteoarthritic changes with osteophytes, joint space narrowing, and joint effusion. The treatment to date has included Hydrocodone/APAP 5/325mg #30 (prescribed 11/25/2013) and other pain medications. Of note, the patient noted pain scale grade reduction from 10 to 8 with pain medications (04/17/2014). However, it was not identified as to which medication caused pain relief. Utilization review dated 07/16/2014 modified the request for Hydrocodone 5/325mg #120 to Hydrocodone 5/325mg #60 for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 mg #120: Upheld

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

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

Decision rationale: According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Hydrocodone/APAP 5/325mg #30 since 11/25/2013. There was documentation of pain relief with pain medications (04/17/2014). However, it is unclear as to whether pain relief was derived from Hydrocodone or other pain medications. There was no documentation of functional improvement as well. The guidelines require documentation of analgesia and improvement with activities of daily living prior to continuation of opioids treatment. Therefore, the request for Hydrocodone 5/325 mg #120 is not medically necessary.