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| Case Number: | CM14-0128189 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 08/25/1997 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 enrollee is a 49 year old female presenting with chronic pain following a work related injury on 08/25/1997. The claimant reported low back pain and left shoulder pain. The claimant has been treated with medications, physical therapy and epidural steroid injections. The claimant's medications included Methadone 40 mg TID, Hydrocodone/APAP 10/325mg four times per day, Tizanidine and Lidoderm Patches. The physical exam showed tenderness in the paravertebral muscles of the lumbar spine, flexion-fingertips to 24 inches from the floor and extension to 0 degrees. The claimant was diagnosed with lumbago, degeneration of the lumbar dis, pain in the limb and lumbosacral radiculitis. A claim was placed for Hydrocodone/APAP 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #120 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of opioids; Opioids for chronic pain; Opioids, dosing; Opioids, long-term assessment; Weaning of Medications Page(s): 78, 80-82, 86-87, 88, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Hydrocodone/APAP 10/325mg #120 refills #3 is not medically necessary. is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.