

Case Number:	CM14-0148196		
Date Assigned:	09/18/2014	Date of Injury:	01/11/2006
Decision Date:	10/16/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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:

Patient is a 44 year-old male with date of injury 01/11/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/01/2014, lists subjective complaints as pain in the neck and low back with radicular symptoms into both legs. Objective findings: Ranges of motion of the thoracic and lumbar spine were slightly to moderately restricted in all planes. There were myofascial trigger points and taut bands noted throughout the thoracic and lumbar musculature, as well as in the gluteal muscles. Patient could not perform toe gait with the right foot. Sensation to fine touch and pinprick was decreased in the posterior aspect of the right thigh and calf as well as in the dorsum and plantar surfaces of the right foot. Dorsiflexion was decreased at -5/5 in the right foot. Ankle jerks were absent bilaterally. Diagnosis: 1. Chronic myofascial pain syndrome, thoracolumbar spine 2. Bilateral L5 and Right S1 radiculopathy. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. A second review on appeal commented on the lack of the patient's functional improvement while taking hydrocodone for many years. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore the request is not medically necessary.

Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. The drug screen requested falls within the criteria listed above. It is presumed the patient has been weaned from hydrocodone and opioid treatment has been terminated. I am reversing the previous utilization review decision. Therefore the request is medically necessary.