

Case Number:	CM14-0160519		
Date Assigned:	10/06/2014	Date of Injury:	09/22/2003
Decision Date:	11/06/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 72 year old female with a date of injury of 09/22/2003. The mechanism of injury is not included in the medical record. Her relevant diagnoses are rule out cervical spine disc displacement, rule out lumbar spine disc displacement, and lumbosacral neuritis/radiculitis. Her past treatments include acupuncture. A urine drug test performed on 02/11/2014 was positive for hydrocodone. On 09/05/2014, the injured worker had subjective complaints of pain. Objective physical findings were noted to include tenderness to back, difficulty standing from a seated position, slow gait on 09/05/2014. Her medications as of 03/11/2014 were duragesic patch 25mcg/hr, norco 10/325, colace 250mg, neurontin 300mg. Her treatment plan was to continue medication, increase Norco to 5/325mg and Gabapentin to 600mg. A request was received for Hydroco/AOAO 5/325mg #90. There is no rationale noted in this medical record. There is no Request for Authorization form in medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/AOAO 5/325mg #90: 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: The request for Hydroco/AOAO 5/325mg #90 is not medically necessary. The injured worker has been treated for low back pain and neck pain that radiates to arms and legs. She has been prescribed Norco 10/325 since at least 03/11/2014. The California MTUS guidelines recommend that documentation regarding the ongoing use of opioids should include the 4 A's for Ongoing Monitoring which are specified as analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The most recent documentation failed to show evidence of significant pain relief evidenced by numeric pain values before and after taking Norco. There is also a lack of documentation showing increased function with use and the absence of adverse side effects and aberrant behavior. The injured worker was noted to have had consistent results on a urine drug screen in 02/2014; however, details regarding the frequency of this testing were also not provided. There also needs to be clarification on the actual request for Hydroco/AOAO 5/325mg #90 as the medication requested is not clear and there is no frequency listed in the request. Subsequently, the request is not medically necessary.