

Case Number:	CM14-0168673		
Date Assigned:	10/16/2014	Date of Injury:	11/19/2001
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Interventional Spine 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 injured worker is a 71-year-old female with an injury date of 11/19/2001. According to the 09/05/2014 progress report, the injured worker complains of having lower back pain which radiates to the left more than the right lower extremity down to the posterior calf. She describes her pain as being sharp, dull, and aching, and rates her pain as a 6/10. She also has nausea and vomiting. Tender and spasms are noted in the paravertebral muscles of the lumbar spine. It is especially tender at L4-S1. It is also tender in both sciatic notches. The injured worker's diagnoses include the following: 1. Post-laminectomy syndrome, lumbar. 2. Lumbosacral radiculitis. 3. Lumbago. 4. Degeneration of lumbar disk. The utilization review determination being challenged is dated 09/30/2014. Treatments reports were provided from 03/20/2014 and 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, one tablet TID, #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

Decision rationale: The request is for Hydrocodone/APAP 10/325 mg 1 tablet t.i.d. #90 with 1 refill. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 09/05/2014 report states that the "injured worker's self-care and personal hygiene is helped with medication." "If she takes the medication, she can bend over and brush her teeth. Without it, she has to hold on to the side of the sink with her left hand to keep her back from hurting." In terms of communication, if the injured worker has to write something, she can tolerate the sitting up for 45 minutes. Without medications, she has to get up from her seated position after 15 to 20 minutes. For physical therapy, without medications, the injured worker has to continuously change positions when sitting, lying down, or walking and climbing stairs. Without the medications, she can sit and stand for 15 to 20 minutes, but with the medications, she can do that for about 45 minutes. In this case, while the treater does provide documentation of the ADL's, the other A's are not addressed including aberrant drug seeking behavior and aberrant side effects. There is no urine toxicology provided or other opiate management issues such as outcome measures. No numerical scale has been provided to keep track of the injured worker's pain and function either. The request for Hydrocodone/APAP 10/325mg, one tablet TID, #90 with 1 refill is not medically necessary.