

Case Number:	CM14-0098652		
Date Assigned:	07/28/2014	Date of Injury:	01/25/2011
Decision Date:	09/03/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation 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 61-year-old female who reported an injury on 01/25/2011. The mechanism of injury was noted to be slipping on a wet floor. The injured workers diagnoses were noted to be lumbar protruding disc syndrome with lower extremity radiculopathy, sprains and strains of lumbar spine, sleep disturbance - unspecified, anxiety state - unspecified and depressive disorder. Prior treatments were noted to be physical therapy, chiropractic care, acupuncture, transcutaneous electrical nerve stimulation unit and medications. She had diagnostic testing including x-rays and an MRI. The injured worker had subjective complaints of lumbar spine pain, anxiety and difficulty sleeping due to pain. The objective findings revealed +3 tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles. There was muscle spasm at the bilateral gluteus and lumbar paravertebral muscles. As indicated, a left sitting straight leg raise caused radiating pain. A right sitting straight leg raise caused radiating pain. Medications were noted to be Tramadol, Flexeril, Omeprazole, Capsaicin, Flurbiprofen and a menthol camphor cream. The treatment plan was for medications and a psych referral for anxiety. The rationale for the request was provided within the treatment plan. A Request for Authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain in patients on opiates. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4As" (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 clinical documentations include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review fails to provide an adequate pain assessment. It is not noted when the last urine drug screen was obtained. It is not noted that there is efficacy with use of opioid therapy. Side effects were not noted. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In addition, the provider's request fails to provide a dosage frequency. As such the request for Hydrocodone 10/325 mg #60 is not medically necessary.