

Case Number:	CM14-0191226		
Date Assigned:	11/25/2014	Date of Injury:	09/02/2010
Decision Date:	01/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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:

Injured worker is a female (age unknown) with date of injury noted as 09/02/10. Claimant worked as a cashier. This request is for Hydrocodone/Acetaminophen 5/325 #30. Previous review non certified on 11/03/14. Per medical record submitted the claimants diagnosis are cervical syndrome, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, S/P lumbar decompressive surgery L3-sacrum (non-industrial) with superimposed industrial injury of 09/02/10 resulting in increased instability. There is no documentation that notes functional improvement, current drug screen pain contract, other medications or treatments used to manage pain or psychiatric consult. CA MTUS Chronic Pain Guidelines do not support the ongoing use of Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ ACETAMINOPHEN 5/325MG. QTY. 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Opioids Page(s): 74-96.

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is not medically necessary..