

Case Number:	CM15-0117700		
Date Assigned:	06/26/2015	Date of Injury:	04/20/1999
Decision Date:	08/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48-year-old female who sustained an industrial injury on April 20, 1999. The injury occurred while the injured worker was lifting a patient and sustained a back injury. The documentation supports the injured worker also had a slip and fall in 2007 in which she sustained injuries to the back, neck, shoulder, head, ears and nose. The diagnoses have included lumbar spine sprain/strain, right knee internal derangement, right knee meniscal tear, major depressive disorder not otherwise specified with anxiety and panic attacks, psychological factors affecting medical condition and insomnia. Treatment to date has included medications, radiological studies, psychological evaluation, MRI and cognitive behavior therapy. Most current documentation dated January 2, 2015 notes that the injured worker had cluster complaints of anxiety, stress, altered perception and depression. Improvement in symptoms and functions included better concentration, less time in bed and less hopelessness. The injured worker was noted to be soft spoken and tearful with depressed facial expressions and visible anxiety. A physical examination was not provided. The request is for Hydrocodone/Acetaminophen 10/325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10-325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. In this case, the documentation is not current and did not note specific improvement in pain or improvement in function. These are necessary to meet MTUS guidelines. Therefore, the request for the medication Hydrocodone/Acetaminophen 10/325mg # 120 is not medically necessary.