

Case Number:	CM15-0028947		
Date Assigned:	02/20/2015	Date of Injury:	12/15/1999
Decision Date:	04/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 12/15/1999. The diagnoses have included degeneration of cervical intervertebral disc, cervicobrachial syndrome (diffuse), sacroiliitis, not elsewhere classified, and spinal stenosis, lumbar region, without neurogenic claudication. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of cervical and lumbar pain, radiating to bilateral lower extremities. Pain was rated 4/10. Her pain was worsened over the past week, to 7/10. Medications included Hydrocodone/APAP, Kadian ER, Omeprazole, Relafen, Gabapentin, Nortriptyline, Cyclobenzaprine, Amlodipine, Carvedilol, Clonidine, and Maxide. Her gait was awkward, and posture was abnormal, with guarding of the back. Cervical exam noted minimal tight band, mild spasm, and mild tenderness along the bilateral cervical paraspinals. Exam of the lumbar spine noted mild tight band, mild spasm, mild hypertonicity, and moderate tenderness along the bilateral lumbar. Straight leg raise test was minimally positive, provocative loading maneuvers were moderately positive, unchanged. Diminished sensation was noted along the bilateral L4, L5, and right S1 nerve root distribution. Treatment plan included medication refills. On 2/03/2015, Utilization Review non-certified a request for Hydrocodone/APAP 10/325 #90, with recommendation for weaning, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-apap 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered not medically necessary. There is no documentation of what his pain was like previously and how much hydrocodone-apap decreased his pain. There is no documentation of functional improvement. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for hydrocodone-apap is considered medically unnecessary.