

Case Number:	CM14-0141747		
Date Assigned:	09/10/2014	Date of Injury:	01/09/2012
Decision Date:	10/21/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal 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:

The injured worker is a 26-year old female who had a work related injury on 01/09/12. The mechanism of injury is noted as a slip and fall. She also injured her right leg, arm, and shoulder. She was seen on 10/30/13, reporting right neck pain radiating to parascapular region and right shoulder bilateral low back pain. She was diagnosed with cervical facet pain, lumbar facet pain, cervical spine and lumbar spine sprain, and right leg sprain, right C5 to 6 and C6 to C7 facet joint medial branch blocks were pending. Lumbar spine facet joint medial branch blocks were also requested. QME on 12/11/13 assessment was nonspecific right sided pain. Her presentation was marked mostly by inconsistencies, pain behavior, inaccurate reporting, and poor presentation examination. Despite severe initial complaints of low back pain and right knee pain, MRI scans were normal. Psychiatric evaluation revealed histrionic behavior, psychosomatic tendencies, exaggeration, and anger towards employer. She also had chiropractic treatment without physical therapy. There were no specific findings related to cervical or lumbar physical examination revealed tenderness of the cervical spine and lumbar spine, and restricted range of motion. Prior treatment of failed h therapy was noted. Radiofrequency was recommended for the low back and medial branch blocks for the cervical spine. There was no documentation of visual analog scale (VAS) scores with and without medication, functional improvement. Current request is for Hydrocodone 5/325 milligrams quantity ninety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore, Hydrocodone 5/325mg #90 is not medically necessary.