MAXIMUS Federal Services

Case Number:	CM13-0022537		
Date Assigned:	10/11/2013	Date of Injury:	04/12/2007
Decision Date:	01/07/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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.

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 patient is a 45-year-old male who reported an injury on 04/12/2007. The patient underwent microlumbar discectomy of the left L4-5 and L5-S1 in 09/2011. The patient was treated postsurgically with physical therapy and medications. The patient reported an increase in symptoms. Physical findings included tenderness to palpation along the lumbar paraspinal musculature, decreased range of motion in all planes of the lumbar spine, decreased sensation in the L3, L4, and L5 dermatomes. The patient's medications included naproxen 550 mg 2 per day and Prilosec 20 mg 1 daily, and Terocin cream. The patient was provided a trial of Norco 5/325 mg every 12 hours as needed for breakthrough pain. The patient's diagnoses included lumbar radiculopathy, chronic pain syndrome, and degenerative disc disease of the cervical spine. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/apap 5/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids. Decision based on Non-MTUS Citation University of Michigan Health System, "Managing chronic non-terminal pain in adults including prescribing controlled substances" 2011 January pg 36..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested Hydrocodone/APAP 5/325 mg #180 is not medically necessary or appropriate. The patient did have an increase in pain levels that would benefit from additional medication management. California Medical Treatment Utilization Schedule recommends that any initiation of opioid usage in the management of chronic pain be based on a baseline pain and functional assessment that are supported by objective measures. Additionally, there should be written consent of a pain agreement. Also, California Medical Treatment and Utilization Schedule recommends that at least 1 physical and psychosocial assessment by the treating physician be completed prior to initiating opioid therapy. The clinical documentation submitted for review does not contain a written consent or pain agreement between the treating physician and the patient. Additionally, there is no psychosocial assessment provided by the treating physician to establish necessity of a trial of opioids. It is recommended by California Medical Treatment and Utilization Schedule that the patient be evaluated during the trial phase every 2 weeks for the first 2 to 4 weeks. The clinical documentation submitted for review indicates the patient will not be re-evaluated for 3 months. As the clinical documentation submitted for review does not provide evidence of initiation of opioid usage is safe for this patient, medical necessity cannot be established.