

Case Number:	CM13-0033665		
Date Assigned:	12/18/2013	Date of Injury:	06/06/1974
Decision Date:	02/13/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 Occupational 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 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. 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 patient is 70-year-old male with a work-related injury on 6/6/74 to the back. The patient is status post hemilaminectomies in 2001. He is diagnosed with chronic low back pain and has been treated with medications. Records reveal that patient has been prescribed Panlor DC and Hydrocodone/Acetaminophen 5/500mg in the past since 2003. A primary treating physician (PTP) progress note dated 1/4/11 reveals patient has fatigue with Vicodin and an adverse reaction with Codeine, Dihydrocodeine, Vioxx and Norco. He was prescribed Panlor DC #150 1-2 q6 hrs prn back pain. A progress note from the PTP dated 5/13/13 reveals patient has low back pain and has been stable on Panlor DC 6 tabs/day. Exam revealed moderate pain with range of motion and slowed gait. No other findings were noted. The PTP's 6/18/13 note indicates the patient was prescribed Butalbital-Acetaminophen-Caffeine-Codeine 50mg-325mg-40mg-30mg caps #180 with 4 refills, and his diagnosis was bilateral sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Butalbital-Acetaminophen-Caffeine-Codeine #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS has clear criteria for the continuation of any particular opioid. There must be objective evidence of functional improvement and reduction in pain. There is a handwritten note from the patient stating that he has been taking this medication for 40 years. But neither this note nor the documentation from the PTP indicates that the patient's pain has decreased to anything less than a 7/10 with the medication. The patient still reports pain. It may be that the patient has taken this medication for a long period of time, but that is not an indication that it is appropriate. Because the medication has not been objectively shown to provide good results regarding pain relief and functional improvement, it is not medically necessary appropriate.