MAXIMUS Federal Services

Case Number:	CM13-0038007		
Date Assigned:	12/18/2013	Date of Injury:	10/22/2010
Decision Date:	05/22/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine & 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 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 underlying date of injury in this case is 10/22/2010. The treating diagnoses include multiple herniated nuclei pulposi in the cervical and lumbar spine, multilevel lumbar stenosis, chronic neck pain, lysis at C2-C3, cervical facet arthropathy, and status post right foot surgery. On 06/20/2013, the treating physician submitted at PR-2 report and noted that the patient's neck and back complaints were unchanged. The patient had been attempting to walk more for exercise. He had undergone surgery one month previously and was doing well. He was doing a home exercise program. The patient was using Norco 10/325 mg twice per day, and another physician was prescribing Soma and Valium. The treating physician recommended renewal of hydrocodone/APAP 10/325 #90.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS/ONGOING MANAGEMENT Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines discuss specific functional improvement and monitoring criteria for continued opioid treatment. The medical records do not meet the four A's of opioid management as per the treatment guidelines, and it is not clear that this patient overall has an underlying diagnosis for which the treatment guidelines recommend long-term opioid use. The records and guidelines do not support the request for hydrocodone. This request is not medically necessary.

MEDROX PATCHES (ONE BOX): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The Medical Treatment Utilization Schedule recommends the use of topical compounded agents only with specific discussion of the rational of the mechanism of action of each component ingredient. The medical records do not contain such detail to discuss a rationale for Medrox. Additionally, the component ingredient capsaicin is present in Medrox at higher than the recommended concentration per this guideline. For these reasons, the request for Medrox is not medically necessary.