

Case Number:	CM13-0038742		
Date Assigned:	03/28/2014	Date of Injury:	12/19/2010
Decision Date:	04/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 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:

According to the records made available for review, this is a 60-year-old male with a 12/19/10 date of injury. At the time (6/3/13) of the request for authorization for Anexia (Hydrocodone/APAP 7.5/325mg) tabs #120, 1-2 tablets by mouth every 6 hours as needed for pain, there is documentation of subjective (pain that affects his cervical spine, lumbosacral spine, and right wrist, radiating pain in the right leg) and objective (tenderness in the paracervical area with limitation of range of motion, tenderness in in the paravertebral area of the lumbar spine with limitation of range of motion in flexion, and tenderness of the right wrist) findings, current diagnoses (right C6 nerve root irritation, cervical disc protrusion with degenerative changes, lumbar disc herniation with right lower extremity radiculopathy flare-up, and right hand/wrist strain), and treatment to date (ESI and medication including Anexia for at least 3 months). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Anexsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANEXIA (HYDROCODONE/APAP 7.5/325MG) TABS #120, 1-2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right C6 nerve root irritation, cervical disc protrusion with degenerative changes, lumbar disc herniation with right lower extremity radiculopathy flare-up, and right hand/wrist strain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Anexsia. Therefore, based on guidelines and a review of the evidence, the request for Anexsia (Hydrocodone/APAP 7.5/325mg) tabs #120, 1-2 tablets by mouth every 6 hours is not medically necessary.