

Case Number:	CM13-0064712		
Date Assigned:	01/03/2014	Date of Injury:	09/11/2003
Decision Date:	04/18/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/12/2013

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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 11, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; sleep aid; a lumbar support; and short-acting opioids. In a utilization review report of November 29, 2013, the claims administrator partially certified a request for hydrocodone-acetaminophen and wholly certified a request for Gabapentin with three refills. The applicant's attorney subsequently appealed. A November 20, 2013 progress note is notable for comments that the applicant is status post recent epidural steroid injection. The applicant reports 2/10 pain with medications and 8/10 pain without medications. The applicant states that usage of medications has improved the ability to perform recreation, social activity, interact with family members, and also improve sleep. The applicant is on Gabapentin and Norco. The applicant is obese with a BMI of 34. Both Gabapentin and Norco were renewed. Multiple refills of Norco were also issued. An earlier note of September 24, 2013 is notable for comments that the applicant is off of work, on total temporary disability and has continued with burning pain about the feet, ankles, knees, and low back

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN 10-325 MG, #300 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that an applicant should be periodically reevaluated in the office setting for "ongoing review and documentation of pain relief, functional status, appropriate medication usage, and side effects." In this case, the 300 tablet supply of Hydrocodone-Acetaminophen with three refills represents 900 total tablets which, at a rate of four tablets a day represent a 225-day supply. This is a little under a year. Furnishing the applicant with such large amount of Opioids is not indicated and is incompatible with the philosophy of ongoing management and interval reassessment of the applicant using opioids chronically listed in the MTUS Chronic Pain Medical Treatment Guidelines. The request for Hydrocodone-Acetaminophen 10/325mg, #300 with three refills is not medically necessary and appropriate.