

Case Number:	CM13-0065621		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2013
Decision Date:	06/20/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/13/2013

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 Family 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 patient is an employee of [REDACTED] who has submitted a claim for lumbosacral sprain and radiculitis, rule out disc herniation and left hip contusion associated with an industrial injury on April 1, 2013. Utilization review dated November 11, 2013 modified the request for Hydrocodone/APAP (Anexsia) 7.5/325mg #120 to 1 month supply because opioids are not recommended for long term use and radicular pain. Records did not show failure of first-line medications. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, home exercise program, acupuncture and chiropractic therapy. Medical records from 2013 were reviewed and showed persistent lumbar pain radiating to the left lower extremity. The patient has been taking Robaxin and Anexsia and reports decrease in pain level from 9/10 to 4/10. Physical examination showed limitation of motion of the lumbar spine with tenderness and hypertrophy of the left paraspinal muscles. Straight leg test was positive at 60 degrees with pain radiating down to the posterior thigh. There is decrease sensation in the left S1 nerve distribution. Reflexes are normal. Xrays of the lumbar spine from May 2, 2013 showed good overall alignment with appropriate disc spaces without evidence of fracture or lesions. Left hip x-ray however showed decreased joint space with slight acetabular degenerative changes. Patient was on cyclobenzaprine (Flexeril) 10mg and Ibuprofen (Motrin) since April 2013; etodolac (Lodine) 400mg, Tramadol (Ultram) 50mg, Biotherm and Flex-Plus since May 2013; Codeine 30/Acetaminophen (Tylenol) 300mg since June 2013; Methocarbamol (Robaxin) 750mg and Hydrocodone/APAP (Anexsia) 7.5/325mg since August 2013. Robaxin was ineffective for the muscle spasms hence was switched to Flexeril on September 2013. Flexeril was then discontinued on October 2013 due to adverse effect of dry mouth and switched to Carisprodol (Soma) 350mg. Patient was prescribed with Norco 10/325mg on November 2013

due to moderate to moderately severe pain. Duration of intake were not specified. Patient had unspecified number of acupuncture, chiropractic and physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANEXSIA (HYDROCODONE/APAP 7.5/325MG) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §9792.24.2, Page(s): 78-81, 91-94.

Decision rationale: Anexsia is a brand name for hydrocodone and acetaminophen. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 79-81, opioids are recommended for short term use for chronic back pain. In case of prolonged use, weaning should occur under direct ongoing medical supervision as a slow taper. The patient has been taking different classes of opioids as far back as June 2013 starting with Tramadol, Tylenol and subsequently Anexsia. There is no objective evidence that the patient is for weaning as the dosage and frequency for Anexsia intake was not stated. Also, there was no mention that the patient will be under direct medical supervision during weaning. Anexsia is not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Anexsia (hydrocodone/APAP) 7.5/325mg #120 is not medically necessary.