

Case Number:	CM14-0002798		
Date Assigned:	05/23/2014	Date of Injury:	08/13/2008
Decision Date:	07/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/08/2014

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:

This is a 65-year-old male with an 8/13/08 date of injury. The patient was seen on 8/2/13 for ongoing low back pain and difficulty with urination, ejaculation, and constipation. The patient also noted weight gain up to 220 pounds. Exam findings revealed Lumbar range of motion was limited. An Electromyography (EMG) from 11/14/08 was noted to reveal bilateral lumbar radiculopathy and S1 nerve root problems. An lumbar spine magnetic resonance imaging(MRI) (official report not attached) from 3/11/09 revealed multi faceted changes with mild disc bulging. 8/29/13 MRI L spine: L3/4 bilateral neural foraminal stenosis right greater than left; moderate bilateral neural foraminal compromise at L5; L5/S1 left neural exit foraminal stenosis. Urine drug screen 10/30/13: unexpected results of Buprenorphine, hydrocodone, hydromorphone, and alcohol. A UR decision dated 12/12/13 denied the request given there was no adequate documentation regarding rationale for ongoing use of this medication, a pain contract urine drug screen results, tapering attempts, or ongoing necessity.

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, # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding this patient, there is no ongoing documentation regarding benefit in terms of visual analog scale with and without this medication, functional gains, or a pain contract. In addition, the last documented urine drug screen was not consistent with the prescriptions provided. (Bupronorphine, alcohol, and hydromorphone). Thus, MTUS criteria have not been met. Therefore, the request for hydrocodone-acetaminophen 10/325 mg, # 60 was not medically necessary.