

Case Number:	CM14-0102496		
Date Assigned:	07/30/2014	Date of Injury:	10/15/2010
Decision Date:	09/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 Preventive 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 29-year-old male with a 10/15/10 date of injury. At the time (5/21/14) of the request for authorization for Hydroco/APAP 10-325mg Qty 15, Zohydro ER 30mg Qty 30, and Testim gel 1%(50mg) Qty 30, there is documentation of subjective (neck and low back pain) and objective (tenderness to palpation cervical spine, decreased range of motion all planes, tenderness to palpation lumbar paraspinal area) findings, laboratory (testosterone level is 153 with average normal levels between 270 and 1730) findings, current diagnoses (pain in thoracic, unspecified thoracic/lumbar, and degeneration lumbar/lumbosacral), and treatment to date (medication including ongoing use of Norco and Zohydro). Regarding Hydroco/APAP 10-325mg Qty 15 and Zohydro ER 30mg Qty 30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Hydrocodone/APAP and Zohydro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10-325mg Qty 15: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (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. California (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 sciatica, disorders sacrum, neck pain, and pain in joint lower leg. In addition, there is documentation of ongoing use of Hydrocodone/APAP. 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; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing use of Hydrocodone/APAP, 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 with use of Hydrocodone/APAP. Therefore, based on guidelines and a review of the evidence, the request for Hydroco/APAP 10-325mg Qty 15 is not medically necessary.

Zohydro ER 30mg Qty 30: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (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. California (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 sciatica, disorders sacrum, neck pain, and pain in joint lower leg. In addition, there is documentation of ongoing use of Zohydro. 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; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing use of Zohydro, 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 with use of Zohydro. Therefore, based on guidelines and a review of the evidence, the request for Zohydro ER 30mg Qty 30 is not medically necessary.

Testim gel 1%(50mg) Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadims (related to opioids) Page(s): 110-111.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of high-dose long-term opioids and low testosterone levels, as criteria necessary to support the medical necessity of testosterone replacement therapy. Within the medical information available for review, there is documentation of diagnoses of sciatica, disorders sacrum, neck pain, and pain in joint lower leg. In addition, there is documentation of high-dose long-term opioids and low testosterone levels. Therefore, based on guidelines and a review of the evidence, the request for Testim gel 1%(50mg) Qty 30 is medically necessary.