

Case Number:	CM14-0103135		
Date Assigned:	07/30/2014	Date of Injury:	04/21/2003
Decision Date:	09/22/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 59 year old male who had a work related injury on 04/21/03 while lifting a concrete trashcan and injured his low back. Medical Resonance Imaging (MRI) of the lumbar spine dated 05/11/10 showed degenerative disc disease with exaggeration of the normal lumbar lordosis with facet arthropathy, retrolisthesis T11-12, T12-L1, L2-3, L3-4, and grade 1 anterolisthesis at L4-5. MRI of lumbar spine dated 04/02/14 grade 1 anterior wedge compression deformity of T12, disc desiccation at L1-2 down to L5-S1, with associated disc height loss at L3-4. Other therapies included home exercise program and physical therapy. The most recent clinical documentation submitted for review was dated 07/07/14: Current medications included Norco 10mg, Imitrex 100mg, Neurontin 600mg, Opana 10mg tablets, Oxycontin 30mg tablets, Pamelor 50mg tablets, Topamax 25mg, Valium 10mg tablets, Zanaflex 4mg tablets, Zantac 150mg tablets, and Zoloft 100mg tablets. With those medications his Morphine Equivalent Dosage (MED) was 420. The pain level complaint was 8/10. He held his head in a stiff very guarded upright position. It was noted that the patient was well developed, well nourished, was alert and oriented and his mood and affect were normal. No acute distress. Cervical spine, guarded with movement, moved body but not head/neck. Anterior scar. Cervical spine tenderness, bilateral paraspinous tenderness, and stiff bilateral occipital tenderness. Pain when neck was flexed anteriorly. Extension of cervical spine was 10 degrees. Painful right and left rotation. Motor strength was grossly normal. Upper extremities sensation intact except for numbness bilateral hands, lower extremities sensation intact except for diminished sensation left lateral thigh. Gait antalgic with a cane. Prior utilization review for prospective request for one Lortab Elixir 75/325mg 15cc or 450 mls between 06/06/14 and 07/21/14 was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lortab Elixir 7.5/325mg/15cc 450ml between 6/6/2014 and 7/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid's.

Decision rationale: The request for 1 Lortab Elixir 7.5/325mg/15cc 450ml between 6/6/2014 and 7/21/2014 is not medically necessary. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day; the patient's current Morphine Equivalent Dosage (MED) is 420. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.