

Case Number:	CM14-0010337		
Date Assigned:	02/21/2014	Date of Injury:	06/23/1998
Decision Date:	08/08/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 Management and is licensed to practice in Cal. 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 a 49-year-old male who has submitted a claim for adult-onset diabetes mellitus, and probable benign prostatic hypertrophy, status post lumbosacral spine surgery; associated from an industrial injury date of 06/23/1998. Medical records from 02/20/2013 to 01/19/2014 were reviewed and showed that patient complained of frequent urination, and difficulty urinating. Physical examination showed normal lordotic curve, and no tenderness. X-ray of the lumbar spine, dated 10/24/2013, showed fusion of the spine (L3-L5), disc displacement L5-S1 with 2 degrees of movement, and severe degeneration of L2-L3 disc. Treatment to date has included Diazepam, Carisoprodol, Metformin, Viagra, Amrix, Norco, Zanaflex, Lunesta, Valium, Protonix, and two-level spinal fusion L4-L5, L5-S1 (2004). Utilization review, dated 01/15/2014, denied the request for hydrocodone/APAP because there was no documented symptomatic or functional improvement for its long-term usage, and appropriate opiate surveillance.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG TABLET #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE (VICODIN, LORTAB).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91.

Decision rationale: Pages 76-80 and 91 of CA MTUS Chronic Pain Medical Treatment Guidelines recommend hydrocodone/APAP for moderate to moderately severe pain. Guidelines also state there should be documentation of the 4A's which include analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Continued use of opioids is warranted if the patient has gone back to work, and if there is improved functioning and pain control. In this case, the patient has been on hydrocodone/APAP since 2007. However, medical records submitted for review have failed to show subjective and objective evidence of pain relief, functional improvement, adverse effects, or drug monitoring. The abovementioned criteria have not been met. Therefore, the request for Hydrocodone/APAP 10/325 mg tablet #180 is not medically necessary.