

Case Number:	CM14-0014525		
Date Assigned:	02/28/2014	Date of Injury:	11/01/1997
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic Suregery, and is licensed to practice in Mississippi. 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 clinical records presented for review reflect that this 47-year-old male individual sustained an injury on 11/1/1997. The progress notes available for review do not list a mechanism of injury or date of surgery; however, the claimant has been given a diagnosis of lumbar post-laminectomy syndrome. The most recent office visit dated 12/31/2013, the chief complaint was constant low back pain radiating into the legs, with a pain score of 8/10. Physical examination demonstrated intense pain with palpation of the paravertebral from L2/L5. MRI showed nerve encroachment and stenosis at multiple levels (report not available). The claimant underwent L3, L4, and L5 selective nerve root blocks on 5/28/2013; which the claimant reported several months of relief of pain radiating into the right leg and 60% of overall pain relief in the low back. Medications included: Trazodone 100 mg, Restoril 15 mg, Norco 10/325 mg and Hydrocodone 30 mg. Diagnosis included: Lumbar Post-Laminectomy Syndrome, cervical Spondylosis, and Chronic Pain Syndrome. A prospective of request has been made one prescription of hydrocodone 30 mg #150 and one prescription of Norco 10/325 mg #240. The non-certification dated 1/28/2014 appears to be based on failure to provide evidence of significant and quantifiable subjective and functional improvement findings as a result of opiate therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF HYDROCODONE 30MG, #150:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS (HYDROCODONE),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Chronic Pain Medical Treatment Guidelines 8 C.C.R. §.

Decision rationale: CA MTUS guidelines supports the use of Hydrocodone as a short-acting opioid, with a max hydrocodone dosage of 60 mg/24 hours. Review of 2013 progress notes do not document any significant change in the claimant's level of pain or show improvement in function with the use of this opioids. At the claimant's last documented office visit on 12/31/2013, they reported a pain level of 8/10. Guidelines recommend discontinuing opiates if there is no overall improvement in function. Given the lack of clinical documentation of any improvement in function, the above request is not considered medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325MG, #240:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS (CRITERIA FOR USE),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Chronic Pain Medical Treatment Guidelines 8 C.C.R. §.

Decision rationale: MTUS guidelines supports the use of Norco (Hydrocodone/Acetaminophen) 10/325 MG as a short-acting opioid, with a max hydrocodone dosage of 60 mg/24 hours and max acetaminophen dosage of 4 g/24 hours. Review of 2013 progress notes do not document any significant change in the claimant's level of pain or show improvement in function with the use of this opioids. At the claimant's last documented office visit on 12/31/2013, they reported a pain level of 8/10. Guidelines recommend discontinuing opiates if there is no overall improvement in function. Given the lack of clinical documentation of any improvement in function, the above request is not considered medically necessary.