

Case Number:	CM14-0016330		
Date Assigned:	04/11/2014	Date of Injury:	10/03/2011
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 33-year-old male with a date of injury of 10/03/2011. The listed diagnoses per [REDACTED] are: 1. Thoracic strain/sprain. 2. Lumbar sprain/strain with multilevel disk protrusions. 3. S/P left knee ACL reconstruction. According to report dated 01/06/2014 by [REDACTED], the patient presents with pain in his lumbar spine bilateral wrist and bilateral knees. He is currently taking Ultram and Prilosec. Examination of the lumbar spine revealed limited range of motion. Kemp's test was positive on the right. Straight leg raise test was positive on the right. Muscular strength was 5/5 in the L4 and L5 nerve roots bilaterally. Muscle strength was 4/5 at the S1 nerve root right bilaterally. Sensation was normal in the L4 nerve root distribution and there was a decrease in sensation in the L5 nerve root distribution on the right and normal on the left. Medications include Anexsia and Prilosec. The physician states Anexsia will be prescribed as the patient continues with moderately severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANEXSIA (HYDROCODONE/APAP 7.5/325mg) #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with pain in his lumbar spine, bilateral wrists and bilateral knees. The physician is recommending patient start Anexsia as he continues with moderately severe pain. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the physician states that despite the use of Ultram, the patient continues to experience moderately severe pain, and has prescribed Hydrocodone/APAP The request for Anexsia (Hydrocodone/APAP 7.5/325mg), #180 is not medically necessary.