

Case Number:	CM14-0117994		
Date Assigned:	08/06/2014	Date of Injury:	07/18/2012
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 37-year-old male with a 7/18/12 date of injury, and status post L4-5 and L5-S1 hemilaminectomies. At the time (7/7/14) of request for authorization for Anexsia (Hydrocodone 7.5/325 MG) # 60, there is documentation of subjective (persistent lower back pain, pain rated 7/10) and objective (limited range of motion, tenderness over the paraspinals, positive Kemp's bilaterally, positive straight leg raise, 4/5 sensation on the right at L4, L5, and S1) findings, current diagnoses (lumbar spondylolisthesis, posterolateral disc extrusion at L4-5, and status post hemilaminectomies at L4-5 and L5-S1), and treatment to date (activity modification, epidural steroid injection, and medications (including Anexsia (since at least 1/14)). 6/25/14 medical report identifies that Anexsia helps decreased pain from 7/10 to 2/10. In addition, 6/25/14 medical report identifies that there are no signs of abuse, overuse, or adverse reactions. There is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia (Hydrocodone 7.5/325 MG) # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74, 51. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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 lumbar spondylolisthesis, posterolateral disc extrusion at L4-5, and status post hemilaminectomies at L4-5 and L5-S1. In addition, there is documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of decreased pain from 7/10 to 2/10 with Anexsia, there is documentation of functional benefit and improvement as a result of Anexsia use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Anexia (Hydrocodone 7.5/325 MG) # 60 is not medically necessary.