MAXIMUS Federal Services

Case Number:	CM14-0153234		
Date Assigned:	09/23/2014	Date of Injury:	09/10/2013
Decision Date:	10/31/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 45-year-old female with a 9/10/13 date of injury. At the time (7/30/14) of request for authorization for Hydrocodone 10/325 Qty 90, Transforaminal Epidural Steroid Injection of the Left at L5, MRI of the Cervical Spine, Orthopedic follow-ups for left hip x1, and Omeprazole 20mg Qty prescribed, there is documentation of subjective (low back and left leg pain) and objective (antalgic gait, tenderness over the lumbar spine, decreased lumbar spine range of motion, and diminished sensation over the L5 dermatome) findings, imaging findings (MRI lumbar spine (10/9/13) report revealed very mild protrusion at the L4-5 and L5-S1 levels with very mild effacement of the thecal sac/canal stenosis), current diagnoses (HNP of the lumbar spine and lumbar stenosis), and treatment to date (physical therapy, TENS unit, and medication (including ongoing treatment with Norco and Prilosec that have helped with pain)). Medical report identifies that patient complains of burning stomach pain; and a request for follow ups with [redacted] in regard to the patient's left hip. Regarding Hydrocodone, there is no 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; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone use to date. Regarding Transforaminal Epidural Steroid Injection, there is no documentation of subjective radicular findings in the requested nerve root distribution and imaging findings at the requested level. Regarding Omeprazole, there is no documentation of risk for gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: 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. 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 HNP of the lumbar spine and lumbar stenosis. In addition, there is documentation of ongoing treatment with Hydrocodone. However, there is no 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. In addition, despite documentation that medications have helped with pain, there is no (clear) documentation 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 as a result of Hydrocodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 10/325 Qty 90 is not medically necessary.