

Case Number:	CM14-0167582		
Date Assigned:	10/14/2014	Date of Injury:	07/02/2014
Decision Date:	11/17/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Medicine 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:

This is a 25 year old male patient who sustained an injury on 7/2/2014. He was working as forklift driver. He sustained the injury while picking up a heavy ramp to get on to a container. The current diagnoses include L5 spondylolysis, spondylolisthesis L5-S1 and lumbar radiculopathy. Per the doctor's note dated 7/11/14, patient had complaints of neck pain with tingling and numbness in the bilateral upper extremities; back pain and lower back pain with radiation to the bilateral lower extremities with tingling, numbness and weakness. Physical examination revealed normal gait, tenderness to palpation over the cervical, thoracic and lumbar spine; decreased cervical, thoracic and lumbar spine range of motion, decreased sensation to the left L5 dermatomes, 4/5 strength in finger flexion and extension bilaterally, 4/5 strength in plantar flexion on the right and positive straight leg raise (SLR) on the right side at 60 degrees. The medication list includes norco, soma and naproxen. His surgical history includes knee surgery. He has had the x-rays of the lumbar spine dated 7/7/14 which revealed L5-S1 spondylolisthesis with a slight increase with extension, cervical spine X-rays dated 7/11/14 with normal findings and thoracic spine X-rays dated 7/2/14 with normal findings; the electromyogram (EMG)/nerve conduction study (NCS) dated 7/22/14 which revealed no evidence of radiculopathy. He was advised to start chiropractic treatment and prescribed hydrocodone/acetaminophen, lidopro topical ointment and nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /Acetaminophen 10/325 mg, qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain, Opioids, criteria for use (updated 10/30/14)

Decision rationale: Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone/Acetaminophen 10/325 mg, qty: 90 is not established for this patient.