

Case Number:	CM14-0183738		
Date Assigned:	11/10/2014	Date of Injury:	05/01/2000
Decision Date:	12/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/04/2014

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 61 years old female patient who sustained an injury on 5/1/2000. The current diagnoses include lumbago and lumbar post laminectomy syndrome. She sustained the injury due to repetitive lifting. Per the doctor's note dated 8/12/14, she has a spinal cord stimulator and receiving greater than 80% pain relief and functional improvement with decreased medication usage from the last caudal epidural steroid injection for greater than six (6) months. She had pain at 3/10 with medications and 9/10 without medications. Physical examination revealed lumbar tenderness, positive straight leg raise on the left and decreased sensory with hyperesthesia. The medications list includes Xanax and Hydrocodone/Acetaminophen. Prior diagnostic study reports were not specified in the records provided. He has had caudal epidural steroid injections last on 9/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 7.5-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS: 2010Reveiiion, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

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 (updated 11/21/14) Opioids, Criteria for Use.

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 is 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 non-opioid 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 do 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 is 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 are not specified in the records provided. A 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 request of Hydrocodone/Acetaminophen 7.5-325mg #120 is not established for this patient. Therefore, the request is not medically necessary and appropriate.