

Case Number:	CM14-0040851		
Date Assigned:	06/27/2014	Date of Injury:	02/13/2009
Decision Date:	07/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 64-year-old female with a 2/13/09 date of injury. At the time (3/3/14) of request for authorization for Hydrocodone-Acetaminophen 5mg-325 mg 3120 with 2 refills, there is documentation of subjective (continued low back pain, less radiating pain down the leg with more bilateral calf pain as well as spasming) and objective (lumbar spine tenderness, extension limited to 25 degrees, pain with extension) findings, current diagnoses (lumbar spinal stenosis at L3-4 and L4-5 severe, lumbar radiculopathy right lower extremity, grade 1 L3-4 and L5-S1 spondylolisthesis, lumbosacral strain, right knee pain, and right sacroiliac joint pain), and treatment to date (medications (including Norco since at least 8/13)). 11/22/13 medical report identifies that the patient has been compliant with the medication management. There is no documentation that the prescriptions are from a single practitioner; that the lowest possible dose is being prescribed; that 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 or medical services as a result of Hydrocodone-acetaminophen 5-325 mg use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5mg-325mg #120 with 2 refills: 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 lumbar spinal stenosis at L3-4 and L4-5 severe, lumbar radiculopathy right lower extremity, grade 1 L3-4 and L5-S1 spondylolisthesis, lumbosacral strain, right knee pain, and right sacroiliac joint pain. In addition, there is documentation that the medications are taken as directed. However, there is no documentation that the prescriptions are from a single practitioner; that the lowest possible dose is being prescribed; that 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 or medical services as a result of Hydrocodone-acetaminophen 5-325 mg use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone-Acetaminophen 5mg-325 mg 3120 with 2 refills is not medically necessary.