

Case Number:	CM14-0082626		
Date Assigned:	07/21/2014	Date of Injury:	10/05/2009
Decision Date:	09/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 60-year-old male with a 10/5/09 date of injury. At the time (5/19/14) of request for authorization for 1 Prescription of Hydrocodone 5/325 # 60, there is documentation of subjective (ongoing constant pain in his back, stabbing like in the left side of his back that radiates in the left leg with a heavy, numb sensation) and objective (loss of lordotic curvature, palpation reveals rigidity in the lumbar trunk suggesting muscle spasm, can forward flex 30 degrees and extend 10 degrees with left-sided back pain that radiates into the left buttock and posterior thigh, right and left straight leg raises are both 80 degrees causing some right-sided back pain, but non-radiating, motor strength, sensation, and deep tendon reflexes grossly intact in lower extremities) findings, current diagnoses (thoracolumbar sprain/strain, lumbar sprain/strain, and history of peptic ulcer disease), and treatment to date (medications (including ongoing treatment with Norco, Neurontin, and Voltaren gel with 50% functional improvement with activities of daily living with medications versus not taking them at all). Medical report identifies that there is a narcotic contract on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Hydrocodone 5/325 # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 thoracolumbar sprain/strain, lumbar sprain/strain, and history of peptic ulcer disease. In addition, given documentation of a narcotic contract, there is 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. Furthermore, given documentation of 50% functional improvement with activities of daily living with medications versus not taking them at all, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Hydrocodone 5/325 use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Hydrocodone 5/325 # 60 is medically necessary.