

Case Number:	CM14-0175989		
Date Assigned:	10/29/2014	Date of Injury:	01/27/1998
Decision Date:	01/20/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This is a 68 year old male who sustained a work related injury on January 27, 1998. The mechanism of injury was not provided. The injured worker reported low back pain. Work status was not provided. A progress noted dated March 5, 2014 noted the injured worker reported low back pain with the sensation of needles on the thighs and legs, worse with exertion. Medication management includes Hydrocodone/APAP, Ibuprofen, Diazepam and Mirtazapine. Diagnoses include an anterior cervical discectomy and fusion in 1999 and 2002 and a lumbar one-sacral one fusion on October 14, 2010. The documentation provided does not contain evidence of a clinical examination. There are no neurologic or orthopedic impairments or functional impairments provided. The treating physician requested four tablets of Hydrocodone/APAP 10/325 mg by mouth twice daily, # 60 with three refills for management of symptoms related to the lumbar spine as an outpatient. Utilization Review evaluated and denied the request for the Hydrocodone 10/325 mg on October 7, 2014. Utilization Review denied the request due to lack of documentation submitted for review of physical examination findings and no documented neurological or orthopedic impairments that indicate a need for the continuous use of an opioid narcotic. Therefore, the request for four tablets of Hydrocodone/APAP 10/325 mg by mouth twice daily, # 60 with three refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Hydrocodone/APAP 10-325mg by mouth twice daily, quantity 60 with 3 refills, for management of symptoms related to the lumbar spine, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physician's Desk reference, 68th ed., Official Disability Guidelines (ODG), Workers Compensation Drug Formulary, Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 status post anterior cervical discectomy and fusion C5-C7 in 1999 and 2002 and status post lumbar fusion in 2010. 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, given documentation of ongoing treatment with Hydrocodone/APAP since at least 3/5/14, there is no 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/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for 4 Hydrocodone/APAP 10-325mg by mouth twice daily, quantity 60 with 3 refills, for management of symptoms related to the lumbar spine, as an outpatient is not medically necessary.