MAXIMUS Federal Services

Case Number:	CM14-0184405		
Date Assigned:	11/12/2014	Date of Injury:	02/06/1998
Decision Date:	01/02/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The injured worker is a 58-year-old male with a date of injury of February 6, 1998. The list of diagnoses are degeneration of cervical intravertebral disk, degeneration of lumbar intervertebral disc, and enthesopathy of hip region. According to progress report October 9, 2014, the injured worker presents with neck, back, bilateral hip and wrist pain. Examination of the cervical spine revealed tenderness in the left paracervical musculature to the left trapezius. Range of motion of the cervical spine was decreased. Examination of the lumbar spine revealed pain across the lumbosacral region diffusely. The injured worker also noted pain with bilateral hip IR and ER. The treating physician states that medications were discussed and the injured worker would like to continue with conservative treatment and try taking "little medication as possible." On October 2, 2014, the treating physician noted the injured worker continues with pain and prior injection did not give them great relief. Medications were dispensed.X-ray of the lumbar spine dated October 9, 2014 revealed evidence of Osteoarticular abnormality, disk height loss at L1-S1. X-ray of the cervical spine from October 9, 2014 revealed disk height loss at C4-5 and fusion with anterior plate T C5-6.This is a retrospective request for prednisone and Hydrocodone which were dispensed on October 2, 2014. That utilize a shin review tonight the request on October 28, 2014. Treatment reports from April 21, 2014 through October 9, 2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prednisone 5mg #21, DOS 10/2/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Corticosteroids

Decision rationale: This is a retrospective request for Prednisone 5mg #21, DOS 10/2/14. The MTUS Guidelines do not discuss the use of prednisone. However, ODG Guidelines, Low Back chapter, under Corticosteroids (oral/parenteral/IM for low back pain) recommends, "Oral corticosteroids for limited circumstances as noted below for acute radicular pain, not recommended for acute non-radicular pain (i.e., axial pain) or chronic pain. Multiple severe adverse effects have been associated with systemic steroid use." In this case, the injured worker has chronic low back, neck and hip pain with no radicular symptoms. ODG does not recommend oral corticosteroids for non-radicular or chronic pain. The request for Retrospective Prednisone 5mg #21, DOS 10/2/14 is not medically necessary.

Retrospective Hydrocodone 5/300#30 DOS 10/2/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Initiating Opioids Page(s): 76-78.

Decision rationale: This injured worker presents with neck, low back, bilateral hip and wrist pain. This is a retrospective request for Hydrocodone 5/300 #30 DOS 10/2/14. The Utilization review denied the request stating the "provider failed to document the pain levels to justify the need for multiple opioid therapy." This is an initial request for this medication. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider injured worker's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. The injured worker's has been utilizing Tramadol for pain and the treating physician provides no discussion o as to why Hydrocodone is being added to the injured worker's medication regimen. In this case, the treating physician does not provide baseline pain or functional assessments to necessitate a start of a new opioid. The request for Retrospective Hydrocodone 5/300#30 DOS 10/2/14 is not medically necessary.