

Case Number:	CM14-0188427		
Date Assigned:	11/19/2014	Date of Injury:	10/27/1999
Decision Date:	01/07/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 59-year-old male with a 10/27/99 date of injury. The patient underwent a lumbar spine surgery in the past. The patient was seen on 10/28/14 with complaints of 7-8/10 continued pain in the low back, 5/10 pain in the right leg, 4-7/10 pain in the neck and headaches. The progress note indicated that the patient's right leg was responding to the spinal cord stimulator. Exam findings revealed restricted cervical spine range of motion, grayish right foot and 5/5 strength in all large muscle groups, except 4/5 in the plantarflexion of the right foot. The patient has been noted to utilize Naproxen. The diagnosis is right L5 radiculopathy, status post multiple lesion lumbar fusion, depression, left wrist pain and right lateral epicondylitis, headaches, thoracic disc disease and therapeutic opioid use. Treatment to date: lumbar surgery, work restrictions, spinal cord stimulator, trigger point injections, HEP, Pilates ring and medications. An adverse determination was received on 11/01/14 given that the patient previously was non compliant with opioids and was transitioned to Subsys and no opioids have been utilized since than.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the reviewer's notes indicated that the patient was previously non-compliant with opioids and was transitioned to Subsys. In addition, the patient was noted to have placed a spinal cord stimulator and was utilizing Naproxen for the pain. Lastly, there is no rationale indicating the necessity for Hydrocodone given, that the patient was previously weaned off of opioids. Therefore, the request for 1 prescription of Hydrocodone 10/325mg #120 was not medically necessary