

Case Number:	CM14-0217970		
Date Assigned:	01/21/2015	Date of Injury:	08/28/2000
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on 8/28/2000. On 12/30/14, the injured worker submitted an application for IMR for review of hydrocodone/Acetaminophen 10/325 mg #120, and Lyrica 50mg #90, and Ibuprofen 800mg #90. It is noted that two of these requests were not eligible for IMR: Lyrica 50mg #90, and Ibuprofen 800mg #90 due to medical requested was not received for the Utilization Review. The PR-2 reports document the injured worker complains of worsening low back pain, thighs, left side and bilateral leg pain down to right ankle. The PR-2 notes also notes the treating diagnoses of acquired spondylolithesis, chronic pain, failed back surgery syndrome lumbar, spinal fusion, radiculopathy thoracic or lumbosacral, spinal stenosis lumbar, degenerative disc disease lumbar, sleep disturbance, HNP lumbar and COAT. Treatment to date has included surgery 10/31/11 - anterior retroperitoneal dissection, exposure of L5-S1 disk space, L5-S1 arthrodesis and instrumentation, epidural steroid injections, TENS unit, MRI's, CT scans and x-rays, pain medications. On 12/17/14 Utilization Review modified certification Ibuprofen 800mg #90 to #76 between 11/25/14 and 2/6/15 to taper the drug and non-certified Lyrica 50mg #90 and conditionally non-certified Ibuprofen 800mg #90, both due to additional medical information had not been received for Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #120: 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): 74-96. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Hydrocodone/Acetaminophen 10/325mg #120 is not medically necessary.