

Case Number:	CM15-0130852		
Date Assigned:	07/17/2015	Date of Injury:	06/10/1998
Decision Date:	09/17/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: California
 Certification(s)/Specialty: Emergency 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 year 67 yr old, male who sustained a work related injury on 6/10/98. The diagnoses have included postlaminectomy syndrome, lumbar region and lumbosacral neuritis/radiculitis. Treatments have included medications, lumbar spine surgery and spinal cord stimulator. In the 1 Month Follow-up note dated 6/10/15, the injured worker complains of lower back pain radiating to left leg. He rates his pain level a 4/10. He has had 100% ongoing relief from his last right sacroiliac joint injection. He has moderate lumbar spine facet pain with extension and rotation. He has a positive FABER test with right leg. No documentation of work status. He uses marijuana. The treatment plan includes refills of medications and a new start prescription for Movantik.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5mg-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Hydrocodone-Acetaminophen 5mg-325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain radiating to left leg. He rates his pain level a 4/10. He has had 100% ongoing relief from his last right sacroiliac joint injection. He has moderate lumbar spine facet pain with extension and rotation. He has a positive FABER test with right leg. No documentation of work status. He uses marijuana. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone-Acetaminophen 5mg-325mg #120 is not medically necessary.

Movantik 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/movantik.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The requested Movantik 25mg #30 is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has lower back pain radiating to left leg. He rates his pain level a 4/10. He has had 100% ongoing relief from his last right sacroiliac joint injection. He has moderate lumbar spine facet pain with extension and rotation. He has a positive FABER test with right leg. No documentation of work status. He uses marijuana. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Movantik 25mg #30 is not medically necessary.