

Case Number:	CM15-0194438		
Date Assigned:	10/08/2015	Date of Injury:	09/04/1999
Decision Date:	12/31/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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 53 year old male, who sustained an industrial injury on 9-4-1999. The injured worker is undergoing treatment for opioid dependence, displacement of cervical, thoracic and lumbar intervertebral disc, lumbar post laminectomy syndrome, low back pain, disorder of coccyx, chronic lower extremity radiculopathy, neuropathic pain, chronic pain syndrome and mood and sleep disorder. Medical records dated 8-20-2015 indicate the injured worker complains of "severe" low back pain radiating to the lower extremities. Physical exam dated 8-20-2015 notes "markedly" antalgic gait, right leg atrophy, lack of reflexes in upper right extremity, hypesthesia of S1 dermatome and anxious depressed mood. Treatment to date has included surgery, epidural steroid injection, spinal cord stimulator trial, hydrocodone 10-325mg since at least 5-8-2015, Etodolac since at least 8-20-2015, ibuprofen, Tramadol, Ketoprofen, and Gabapentin. The original utilization review dated 9-10-2015 indicates the request for MED RFA 9/2/15 Hydrocodone 10mg/325mg #120 and Etodolac 400mg #60 X 5 refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED RFA 9/2/15 Hydrocodone 10mg/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested MED RFA 9/2/15 Hydrocodone 10mg/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 "severe" low back pain radiating to the lower extremities. Physical exam dated 8-20-2015 notes "markedly" antalgic gait, right leg atrophy, lack of reflexes in upper right extremity, hypesthesia of S1 dermatome and anxious depressed mood. Treatment to date has included surgery, epidural steroid injection, spinal cord stimulator trial, hydrocodone 10-325mg since at least 5-8-2015, Etodolac since at least 8-20-2015, ibuprofen, Tramadol, Ketoprofen, and Gabapentin. The treating physician has not documented VAS pain quantification with and without medications, 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, MED RFA 9/2/15 Hydrocodone 10mg/325mg #120 is not medically necessary.

Etodolac 400mg #60 x5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Etodolac 400mg #60 x5 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has "severe" low back pain radiating to the lower extremities. Physical exam dated 8-20-2015 notes "markedly" antalgic gait, right leg atrophy, lack of reflexes in upper right extremity, hypesthesia of S1 dermatome and anxious depressed mood. Treatment to date has included surgery, epidural steroid injection, spinal cord stimulator trial, hydrocodone 10-325mg since at least 5-8-2015, Etodolac since at least 8-20-2015, ibuprofen, Tramadol, Ketoprofen, and Gabapentin. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Etodolac 400mg #60 x5 refills is not medically necessary.