

Case Number:	CM15-0214822		
Date Assigned:	11/04/2015	Date of Injury:	11/01/2006
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/02/2015

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 68-year-old male, who sustained an industrial injury on November 01, 2006. The injured worker was diagnosed as having bilateral lumbar five to sacral one spinal stenosis with recurrent sciatic pain. Treatment and diagnostic studies to date have included medication regimen and status post epidural injection. In a progress note dated June 05, 2015 the treating physician reports complaints of a flare up of pain to the sciatic region that radiates to the gluteal spine. Examination performed on June 05, 2015 was revealing for positive straight leg raises bilaterally with gluteal pain. The injured worker's medication regimen on June 05, 2015 included Tylenol with Codeine number 4, Xanax, Asacol, and Lipitor with the start date unknown. The medical records provided did not include the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of his medication regimen. The treating physician requested Hydrocodone with Acetaminophen 10-325mg written on September 29, 2015, but the documentation provided did not contain the reason for the requested medication. On October 09, 2015 the Utilization Review denied the request for the prescription for Hydrocodone with Acetaminophen 10-325mg written on September 29, 2015 with a quantity of 80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP 10/325mg - Rx 09/29/2015 Qty 80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

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

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Not a single necessary component is documented. Patient is noted to also be on Tylenol with codeine and it is unclear if this medication is to be added on or to replace tylenol with codeine. Poor documentation does not support request for norco. Not medically necessary.