

Case Number:	CM15-0046169		
Date Assigned:	03/18/2015	Date of Injury:	11/21/2006
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 67-year-old male, with a reported date of injury of 11/21/2006. The diagnoses include lumbar intervertebral disc displacement without myelopathy, lumber intervertebral disc degeneration, and sciatica. Treatments to date have included oral medications, an MRI of the lumbar spine, and an x-ray of the lumbar spine. Currently, the injured worker complains of continued low back pain with radiation to both lower extremities. He continued to have intermittent electrical, shooting pain to the bilateral lower extremities. The medical report dated 02/11/2015 indicates that the use of the medications helped the injured worker to manage his pain, to continue his walking program, and to carry out his activities of daily living. The physical examination showed a normal gait, and normal posture. The treating physician requested Hydrocodone-Acetaminophen 5/325mg #60; Hydrocodone-Acetaminophen 5/325mg #60 (Do Not Fill until 03/11/2015); Hydrocodone-Acetaminophen 5/325mg #60 (Do Not Fill until 03/29/2015) for more severe pain; and Etodolac 300mg #60 with two refills for inflammatory pain. It was noted that the injured worker continued to demonstrate an increased level of function, took the prescribed medications in a stable fashion without evidence of overuse, misuse or abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records showed documentation of guidelines required compliance monitoring of consistent UDS, absence of aberrant behavior, CURES reports and functional restoration. There is no documentation of adverse effect associated with the use of opioid. The patient reported significant improvement of ADL and ability to perform household chores. The criteria for the use of Hydrocodone-Acetaminophen 5/325mg #60 is medically necessary.

Hydrocodone-Acetaminophen 5/325mg quantity 60, Do Not Fill until 3/11/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records showed documentation of guidelines required compliance monitoring of consistent UDS, absence of aberrant behavior, CURES reports and functional restoration. There is no documentation of adverse effect associated with the use of opioid. The patient reported significant improvement of ADL and ability to perform household chores. The criteria for the utilization of Hydrocodone-Acetaminophen 5/325mg #60 Do Not Fill until 3/11/2015 is medically necessary.

Hydrocodone-Acetaminophen 5-325mg quantity 60, Do Not Fill until 3/29/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records showed documentation of guidelines required compliance monitoring of consistent UDS, absence of aberrant behavior, CURES reports and functional restoration. There is no documentation of adverse effect associated with the use of opioid. The patient reported significant improvement of ADL and ability to perform household chores. The criteria for the utilization of Hydrocodone-Acetaminophen 5/325mg #60 Do Not Fill until 3/29/2015 is medically necessary.

Etodolac 300mg quantity 60 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Osteoarthritis; Back Pain; Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic treatment with NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records indicate that the patient reported significant pain relief with the use of Etodolac. There was no reported adverse effect associated with the use of NSAIDs. The criteria for the use of Etodolac 300mg #60 2 Refills is medically necessary.