

Case Number:	CM15-0245267		
Date Assigned:	12/24/2015	Date of Injury:	06/11/1997
Decision Date:	01/29/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/16/2015

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:

This is a 59-year-old male with a date of industrial injury 6-11-1997. The medical records indicated the injured worker (IW) was treated for low back pain, status post L5-S1 laminectomy and fusion. In the progress notes (11-7-15), the IW reported his symptoms were worse than last visit. He complained of discomfort in the mid lumbar spine radiating intermittently to the left posterior thigh, left calf and left foot. The pain was constant and aching, but could become sharp, 8 out of 10 pain with certain activities. He was taking Hydrocodone (since at least 2014) and Cyclobenzaprine. On examination (11-7-15 notes), there was pain to palpation over the bilateral lumbar paraspinal muscles and spasms were present. Muscle strength was 4 out of 5 in the left quadriceps and 5 out of 5 on the right. Treatments included multiple laminectomies and medications. The IW was permanent and stationary. The provider recommended the continued use of Hydrocodone; the dosage had been reduced from 30mg to 20mg and the amount was being reduced to #75 from the previous prescriptions for #90. The 11-7-15 notes indicated a CURES report showed "no suspicious activity". No urine drug screen results were noted. A Request for Authorization was received for one prescription of Hydrocodone 20mg #75. The Utilization Review on 11-18-15 non-certified the request for one prescription of Hydrocodone 20mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone 20mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested 1 prescription of Hydrocodone 20mg #75, 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 discomfort in the mid lumbar spine radiating intermittently to the left posterior thigh, left calf and left foot. The pain was constant and aching, but could become sharp, 8 out of 10 pain with certain activities. He was taking Hydrocodone (since at least 2014) and Cyclobenzaprine. On examination (11-7-15 notes), there was pain to palpation over the bilateral lumbar paraspinal muscles and spasms were present. Muscle strength was 4 out of 5 in the left quadriceps and 5 out of 5 on the right. Treatments included multiple laminectomies and medications. The IW was permanent and stationary. The provider recommended the continued use of Hydrocodone; the dosage had been reduced from 30mg to 20mg and the amount was being reduced to #75 from the previous prescriptions for #90. The 11-7-15 notes indicated a CURES report showed "no suspicious activity". No urine drug screen results were noted. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 1 prescription of Hydrocodone 20mg #75 is not medically necessary.