

Case Number:	CM14-0146591		
Date Assigned:	09/12/2014	Date of Injury:	06/20/2008
Decision Date:	10/15/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 39-year-old male with a 6/20/08 date of injury. At the time (8/18/14) of request for authorization for Hydrocodone 10/325mg #180, there is documentation of subjective (chronic knee pain, neck pain, and low back pain) and objective (spasm and guarding noted in the lumbar spine) findings, current diagnoses (lumbar disc displacement without myelopathy, major depression, status post lumbar fusion on 12/6/10, and cervical disc displacement without myelopathy), and treatment to date (ongoing therapy with Hydrocodone with decreased pain levels and increased standing, walking and activity tolerance). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, major depression, status post lumbar fusion on 12/6/10, and cervical disc displacement without myelopathy. In addition, given documentation of ongoing therapy with Hydrocodone with decreased pain levels and increased standing, walking and activity tolerance, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Hydrocodone. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 10/325mg #180 is not medically necessary.