

Case Number:	CM14-0163945		
Date Assigned:	10/08/2014	Date of Injury:	05/19/2011
Decision Date:	11/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 41-year-old female with a 5/19/11 date of injury, and status post left carpal tunnel release. At the time (9/16/14) of the Decision for Hydrocodone/Acetaminophen 10/325mg, QTY: 90 for 30 day supply, there is documentation of subjective (neck pain that radiates down the bilateral upper extremities, bilateral occipital headaches, low back pain that radiates down the bilateral lower extremities; 5/10 pain with medications, 8/10 without medications) and objective (lumbar spine spasms, tenderness, limited range of motion, decreased sensation in the L4-S1 dermatome, positive straight leg raise) findings, current diagnoses (chronic pain, lumbar radiculitis, lumbar radiculopathy, status post left carpal tunnel release), and treatment to date (activity modification and medications (including ongoing use of hydrocodone/acetaminophen since at least 4/14)). 9/8/14 medical report identifies decreased pain, increased level of function, and improved quality of life with current therapy. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of 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/Acetaminophen 10/325mg, Quantity: 90 for 30 day supply: 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: MTUS Chronic Pain Medical Treatment 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain, lumbar radiculitis, lumbar radiculopathy, status post left carpal tunnel release. In addition, there is documentation of functional benefit or improvement as a result of hydrocodone/Acetaminophen use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Acetaminophen 10/325mg, Quantity: 90 for 30 day supply are not medically necessary.