

Case Number:	CM14-0166195		
Date Assigned:	10/13/2014	Date of Injury:	10/23/1973
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 69 year old male with complaints of low back pain. The date of injury is 10/23/73 and the mechanism of injury is not elicited. At the time of request for Hydrocodone/Acetaminophen 10/325 #240 with 12 refills, there is subjective (low back pain, bilateral lower extremity pain) and objective (walks with a limp, tenderness lumbar paraspinal musculature, sacroiliac joint tenderness bilaterally, facet loading test positive right and left, Fabere's and Gaenslen's test positive bilaterally) findings, imaging findings (MRI lumbar spine 10/20/13 shows severe spinal stenosis L2/3 thru L5/S1, with impingement on multiple spinal nerves including right L2, bilateral L3, left L4, and bilateral L5, multilevel facet arthropathy and spondylosis), diagnoses (s/p L4-5 laminotomy, facet versus si dysfunction versus radiculitis, spinal stenosis and root impingement) and treatment to date (epidural steroids, facet blocks, failed spinal cord stimulator, medications, physical therapy). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Hydrocodone/Acetaminophen 10/325mg, #240 with 12 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for Norco 10/325 #240 with 12 refills is not medically necessary.