

Case Number:	CM14-0215396		
Date Assigned:	01/05/2015	Date of Injury:	10/15/1998
Decision Date:	02/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 64 year old male with a date of injury of 10-15-1998. He injured his low back while lifting an 80# water valve. He has had chronic low back pain radiating into the hips with occasional lower extremity numbness. The diagnoses include lumbar spondylosis without myelopathy, osteoarthritis of the right hip, degenerative disc disease of the lumbar spine, lumbar spinal stenosis and foraminal stenosis, chronic low back pain, and lumbar radicular syndrome. On 8-29-2014 he had a total right hip replacement. He remains on Hydrocodone/acetaminophen 10/325 mg a day. Since then, his pain has diminished from a 7-8/10 to a 4/10, being completely relieved with the medications Avinza and hydrocodone. The Avinza has been slowly weaned from a high of 90 mg a day to the current dose of 45 mg a day. Functionally, the injured worker reports no difficulty with activities of daily living and has not. The physical exam reveals tenderness over the right hip and at L5 in the region of the paraspinal muscles. There is diminished sensation in distribution of S1 bilaterally. At issue is a request for Avinza 45 mg a day, #120 and hydrocodone/acetaminophen #120. These were previously non-certified because of a lack of functional improvement noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 45 MG ER QTY 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per guidelines, chronically prescribed opioids should have ongoing assessment for pain relief, functional improvement, medication side effects, and any aberrant drug taking behavior. In this case, regular urine drug screening is occurring and medication has been provided for constipation prevention. Functionally, the injured worker has been doing well and so there is not much to improve upon. The overall dose of opioids has been decreased substantially in recent months with improving pain levels. Therefore, Avinza 45 mg daily, #120 is medically necessary.

Hydrocodone 10 MG Acetaminophen 325 MG QTY 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per guidelines, chronically prescribed opioids should have ongoing assessment for pain relief, functional improvement, medication side effects, and any aberrant drug taking behavior. In this case, regular urine drug screening is occurring and medication has been provided for constipation prevention. Functionally, the injured worker has been doing well and so there is not much to improve upon. The overall dose of opioids has been decreased substantially in recent months with improving pain levels. Therefore, Hydrocodone 10mg Acetaminophen 325mg # 120 is medically necessary.