

Case Number:	CM15-0004666		
Date Assigned:	01/15/2015	Date of Injury:	01/08/2004
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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:

The injured worker is a 34-year-old male who reported an injury on 01/08/2004 after lifting a heavy object. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, medications, and lumbar spinal fusion. The injured worker had postsurgical complications and extensive treatment. The injured worker ultimately developed chronic pain that was managed with medications to include hydrocodone. The injured worker was evaluated on 11/21/2014. It was documented that the injured worker's medications included Norco 10/325 mg and verapamil 120 mg. The physical examination findings included the injured worker standing in a forward flexed position at the waist with tenderness to palpation along the left L5-S1 paraspinal musculature with limited range of motion and a positive straight leg raising test to the left. The injured worker's diagnoses included lumbar disc herniation, left S1 radiculopathy, L4-5 annular tear, and postoperative headache with speech difficulty. It was noted that the injured worker had 5/10 to 6/10 pain with medication that increased to a 10/10 without medications. It was noted that the injured worker's symptoms were managed with medications. It was also noted that the treating physician was attempting to wean the injured worker off of Norco. The clinical documentation does indicate that the injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's treatment plan included a lower dose of Norco and continuation of the use of verapamil 120 mg. A Request for Authorization dated 11/21/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydrocodone 10/325 mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested prescription of hydrocodone 10/325 mg #140 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend continued use of opioids be supported by documented functional benefit, managed side effects, decreased pain, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior and has a reduction of pain due to medication usage. It is noted that the injured worker is able to maintain function with medication usage. It is also noted that the treating provider is attempting to lower the dosage of the injured worker's medication to assist with the weaning process. Therefore, continued use of this medication would be supported. However, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of hydrocodone 10/325 mg #140 is not medically necessary or appropriate.

1 prescription of Pepcid 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested prescription of Pepcid 20 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support the need for a gastrointestinal protectant. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested prescription of Pepcid 20 mg #30 is not medically necessary or appropriate.