

Case Number:	CM15-0013357		
Date Assigned:	02/02/2015	Date of Injury:	05/23/2006
Decision Date:	03/27/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/23/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 05/23/2006. The mechanism of injury was not provided. His diagnoses include chronic low back pain with bilateral lower extremity radicular symptoms, depression and anxiety, insomnia, and erectile dysfunction. Current medications include Cialis 20 mg, Lidoderm patches, fluoxetine 90 mg, seroquel 50 mg, tramadol 50 mg, and hydrocodone/APAP 10/325 mg. The progress note dated 10/24/2014 was handwritten and hard to decipher. It is noted that the patient was seeing a psychologist, which was helping with the anxiety and depression. Hydrocodone and tramadol help control lower back and radiating right leg pain. A urine drug screen was performed, which was inconsistent. The progress report dated 12/01/2014 noted that the injured worker had no show appointments on 11/07, 11/14, and 11/21. The Request for Authorization was dated 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Hydrocodone/APAP 10/325mg #100 with 2 refills: 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): 86.

Decision rationale: The request for (1) prescription of hydrocodone/APAP 10/325mg #100 with 2 refills is not supported. The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. There is lack of documentation as to the frequency within the request. As such, the request for (1) prescription of hydrocodone/APAP 10/325mg #100 with 2 refills is not medically necessary.

(1) Prescription of Tramadol 50mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 86.

Decision rationale: The request for (1) prescription of tramadol 50mg #150 is not supported. The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The request is not medically necessary.