MAXIMUS Federal Services

Case Number:	CM15-0014659		
Date Assigned:	02/02/2015	Date of Injury:	03/06/2008
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who reported an injury on 03/06/2008. The mechanism of injury was a fall. The diagnoses were noted as lumbar postlaminectomy, spinal stenosis lumbar, major depressive disorder, recurrent episode, unspecified, and encounter for long term use of other medications. His past treatments were noted to include medication, pain management, surgery, epidural steroid injections, physical therapy, activity modification, and spinal cord stimulator. His diagnostic studies were not provided. His surgical history was noted to include an L4-5 laminectomy with total lumbar interbody fusion and posterior instrumented fusion performed on 05/19/2009. During the assessment on 01/15/2015, the injured worker complained of chronic pain in his lumbar spine. He also complained of severe upper lumbar pains on the right side with stabbing midline pains. He reported numbness was from right lumbar to shoulder that had been present since the stimulator placement. He reported depression and felt pain with all activity and avoided exacerbating movements. The physical examination revealed loss of normal lordosis with straightening of the lumbar spine. His range of motion was restricted with flexion limited to 20 degrees due to pain. It was noted that the patient could not extend or side bend at all. There was spasm and tenderness upon palpation of the paravertebral muscles on both sides. There was tenderness of the spinous process noted on L3, L4, and L5. His medications were noted to include Cymbalta 30 mg, Nucynta ER 50 mg, and hydrocodone/acetaminophen 10/325 mg. The treatment plan was to have the injured worker evaluated for a functional restoration program and continue with current medication regimen.

The rationale for the request was not provided. The Request for Authorization form was dated 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - Acetaminophen 10-325mg #90: Upheld

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

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

Decision rationale: The request for Hydrocodone - Acetaminophen 10-325mg #90 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and the appropriate medication use with the use of random drug screening as needed to verify compliance needed. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.