

Case Number:	CM15-0170930		
Date Assigned:	09/11/2015	Date of Injury:	01/14/2003
Decision Date:	10/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

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: Preventive Medicine, Occupational 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 33-year-old male, who sustained an industrial injury on 1-14-2003. The current diagnoses are chronic low back pain, lumbosacral degenerative disc disease with spondylolisthesis, status post lumbar discectomy and fusion L5-S1, severe neuropathic pain, failed back syndrome, opioid dependence, and insomnia. According to the progress report dated 6-29-2015, the injured worker complains of chronic low back pain with radiation down his right lower extremity. On a subjective pain scale, he rates his pain at its worst 8 out of 10, and 2-3 out of 10 at its best. The physical examination of the lumbar spine reveals decreased range of motion with flexion, extension, and lateral flexion. The current medications are Suboxone. There is documentation of treatment with Hydrocodone-Acetaminophen compound and Lorazepam since at least 2013. Treatment to date has included medication management and surgical intervention. The treating physician notes that he works as a construction superintendent. The original utilization review (8-10-2015) had non-certified a request for retrospective Hydrocodone-Acetaminophen compound and Lorazepam (DOS: 1-15-2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydrocodone/APAP compound 12/100mg #240, date of service: 01/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Compounded Medications.

Decision rationale: MTUS Guidelines do not address the issue of compounded drugs. ODG Guidelines do address this issue in detail and the Guidelines so not support the use of compounded drugs unless a commercially available drug does not adequately address an individual's condition. There is no medical necessity to compound Hydrocodone. A combination of 10mg. and 1/2 of 5 mg with/without Tylenol would be essentially the same as the compounded 12mg. of Hydrocodone. In addition, the amount of concurrent Tylenol could be managed with various strengths of or by dividing over the counter Tylenol. Per Guideline standards, there is no medical necessity to support the compounded Hydrocodone. The Retrospective request for Hydrocodone/APAP compound 12/100mg #240, date of service: 01/15/2014 is/was not medically necessary.

Retrospective request for Lorazepam 0.5mg #30, date of service: 01/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS Guidelines are very specific with the recommendation that Benzodiazepines should not be utilized more than a few weeks. The Guidelines state that this is not only for chronic pain conditions, but also for any derivative problems associated with chronic pain i.e. (anxiety, insomnia etc.). There are no unusual circumstances that would justify an exception to the Guideline recommendations. The Retrospective request for Lorazepam 0.5mg #30, date of service: 01/15/2014 is/was not supported by Guidelines. It was not medically necessary.