

Case Number:	CM13-0024578		
Date Assigned:	02/10/2014	Date of Injury:	05/09/2002
Decision Date:	04/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient reported a date of injury of 05/09/2002. According to report dated 08/05/2013, the patient presents with constant right groin pain. He finds Motrin has helped him in the past. His pain is moderate to severe in nature. He transfers and ambulates with a slow and guarded gait. He has not been able to wean completely off opiates at this time. Patient's medication includes Lyrica for neuropathic pain, Zanaflex for spasms, Miralax for the opioid induced constipation and Cymbalta, D/C arthrotec, Motrin 600mg and Norco 10/325mg for his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN 10/325MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 88-89.

Decision rationale: The patient presents with constant right groin pain. The physician is requesting Hydrocodone/Acetaminophen 10/325mg #120. For chronic opiates use MTUS guidelines pgs 88, 89 require functioning documentation using a numerical scale or a validated

instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Review of reports show this patient has a long history of chronic opiate use. Medical records indicate patient was diagnosed with "opioid dependence" in 2011 and participated in a HELP program in 2012. The reports from 01/31/2013 to 08/05/2013 include no discussions regarding whether or not Norco has provided any specific functional improvements. There are no discussions regarding significant change in ADL's, change in work status or return to work due to opiate use. In addition, there are no numerical scales indicating any pain relief or functional changes as required by MTUS. Given the lack of sufficient documentation warranting long term opiate use, the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. Recommendation is for denial.