

Case Number:	CM13-0034081		
Date Assigned:	12/06/2013	Date of Injury:	01/29/2010
Decision Date:	01/17/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 was a 32 year old male who was injured on January 29, 2010 when the dunk tank in which he was sitting as part of a school activity flipped up and hit him in the mouth, breaking a tooth. Since that time the patient has been treated with persistent pain with diagnosis of cervicgia and atypical facial pain. Treatment has included TENS, physical therapy, dental treatment, HEP, medications, diagnostics, and psychiatric treatment. A claim for Hydrocodone/APAP 5/500 # 20 was submitted on September 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Pharmacy Purchase of Hydrocodon/apap 5-500mg, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatment Page(s): 75-96.

Decision rationale: Hydrocodone/APAP 5/500 is an opioid pain medication, containing Hydrocodone and acetaminophen. Hydrocodone is a semi-synthetic opioid. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for

use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. Adverse effects include hepatotoxicity and renal insufficiency with greater than 4 grams daily. In this case treatment with Hydrocodone did not follow the criteria for use.