

Case Number:	CM13-0040774		
Date Assigned:	12/20/2013	Date of Injury:	04/04/2011
Decision Date:	06/16/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational Medicine 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 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:

This is a 56-year-old male who has reported headache, shoulder pain, chest pain, insomnia, neck and back pain, and anxiety after an injury on 4/4/2011. The injury was described as a stressful work situation. The Orthopedic diagnoses have included cervical and lumbar radiculopathy, and shoulder impingement. Other diagnoses have included anxiety and gastropathy. The treatment has included physical therapy, acupuncture, chiropractic care, medications, and psychological treatment. The medications have included Medrox ointment, orphenadrine, ketoprofen, and Norco 10/325 twice a day. The prescribing physician has provided reports on an approximately monthly basis during 2013. Those reports describe ongoing and worsening neck and back pain, consultations with multiple specialists, multifocal pain with no specific orthopedic pathology, and no discussion of the ongoing use of medications. The medications are stated as "refilled", and used for pain. Mental illness is stated to be present. On 9/18/13 work status was "temporarily totally disabled." Work status is not otherwise discussed in the reports. No reports have described functional improvement. On 10/11/13, Utilization Review non-certified Norco, noting the lack of pain control, lack of functional improvement, and lack of a treatment plan for opioids consistent with the MTUS recommendations. This Utilization Review decision was appealed for Independent Medical Review. The Independent Medical Review application and the Utilization Review were for an unspecified quantity of "hydrocodone/APAP".

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioid management, Opioids, steps to avoid misuse/addiction, Section Indications, Chronic back pain, pg. 80.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and back pain. Aberrant use of opioids is common in this population. The prescribing physician describes this patient as "temporarily totally disabled," which represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. Based on the failure of prescribing per the MTUS, poor pain control, and the lack of specific functional benefit, further use of hydrocodone/APAP is not medically necessary.