

Case Number:	CM13-0045736		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2008
Decision Date:	05/02/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 is a 59 year old female who sustained right knee injury following a fall on 7/16/2008. After an arthroscopy on 2008 and steroid injections, the patient was maintained on medications. The medications listed are capsaicin cream 0.075%, lactulose, cyclobenzaprine, Cymbalta, Opana ER 40mg tid and Hydrocodone/APAP. The 3/2/2013 record indicated that the patient was weaned off opioids because of significant side effects in 2009. ██████████ noted that the patient was suffering from anxiety, depression, panic disorder, and persistent inability to perform ADL despite chronic medications treatment. Referral for Counseling was recommended in addition to the Cymbalta medication. On 11/18/2013 ██████████ noted psychogenic pain and continual subjective complaints of severe pain despite chronic opioid treatment. On 11/6/2013 the patient complained of insomnia and increase in pain but indicated that the knee device equipment helps more than medications. The UDS was consistent with opioid medications treatment. A Utilization Review was rendered on 11/6/2013 recommending modified certification of Hydrocodone/APAP 10/325mg for weaning schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG, 90 COUNT, DISPENSED ON MARCH 27, 2013.:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The CA MTUS addressed the use of opioids in the management of chronic pain. Opioids therapy can be beneficial in the short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is not responsive to the standard NSAIDs, physical therapy and exercise. The MTUS guideline addressed the indications for discontinuation of chronic opioid treatment. The presence of aberrant drug behaviors, non functional restoration measured by job loss, difficulty with ADL and the presence of severe side effects are indications for discontinuation of opioids. Also listed is the presence of severe co-existing psychiatric conditions / medications that can potential increase adverse effects from opioid therapy. This patient was weaned off opioids in 2009 because of severe adverse effects. There is no documented improvement in pain scores or ADL. The significant psychiatric conditions have not been effectively addressed.