

Case Number:	CM13-0047794		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2001
Decision Date:	04/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine and is licensed to practice in Virginia and Washington, DC. 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:

This is a 70 year old man with an injury on Feb 28 2001, while working as a truck driver, after he slipped on a rain soaked surface and pulled his right groin. He was found to have chronic pain and right ilioinguinal neuralgia. He had a hernia repair and developed right groin pain which did limit his mobility. He was given a variety of narcotics which included Norco and oxycontin. ■■■■ saw the patient on Oct 11 2012 for right groin pain. He was prescribed an exercise program and the following medications: Lortab 10-325mg 1 tab every 6 hours for 30 days, Doxepin 50mg cap 2 cap by mouth at bedtime, gabapentin 800mg 4 x day, flector 1.3% patch twice daily, fiorecet. ■■■■ saw the patient on Nov 8 2012 for right groin pain. He was prescribed the following medications: Lortab 10-325mg 1 tab every 6 hours for 30 days, Doxepin 50mg cap 2 cap by mouth at bedtime, gabapentin 800mg 4 x day, flector 1.3% patch twice daily, fiorecet. ■■■■ saw the patient on Dec 6 2012 ,Jan 3 2013 and Feb 28 2013 for right groin pain. He was prescribed the following medications: Lortab 10-325mg 1 tab every 6 hours for 30 days. ■■■■ saw the patient on Aug 26 2013 and Sep 12 2013 for right groin pain. He was prescribed the following medications: Lortab 10-325mg 1 tab every 6 hours for 30 days. ■■■■ saw the patient on Oct 10 2013 and Sep 12 2013 for right groin pain. He was prescribed the following medications: Lortab 10-325mg 1 tab every 6 hours for 30 days, Doxepin 50mg 2 tab qhs, Gabapentin 800mg 4xd.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF HYDROCODONE 10/325MG

#120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 74, 75-91.

Decision rationale: The Expert Reviewer's decision rationale: Hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The patient was on this medications for a period over 1-6 months which is what is recommended as per MTUS. There was no documented improvement in patient symptoms. Long term use of opiates is not recommended and is not medically indicated.