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| Case Number: | CM13-0055252 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 10/09/2002 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 and Rehabilitation has a subspecialty in Pain Management 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:

This is a male patient presented with a date of injury of October 9, 2002. A utilization review determination dated November 1, 2013 recommends non-certification of hydrocodone/acetaminophen. Glucosamine, trazodone, and Nabumetone-Relafen are recommended for certification. Non-certification of hydrocodone is recommended due to lack of documentation of improved function as a result of its use. A progress report dated December 24, 2013 identifies subjective complaints indicating no changes in the patient's condition. The note indicates that medications help with pain and function. Without the medication he would not be able to continue his home exercise program or help out around the house with the move. He is tolerating his medications well without side effects. Objective examination findings identify a non-antalgic gait. Current medications include hydrocodone/acetaminophen 10-325 #30, Nabumetone, Glucosamine, Ambien, and others. Diagnoses include lumbar disc displacement, sciatica, long-term use of medications, depression, anxiety, and lower leg pain status post bilateral TKA. The treatment plan recommends continuing the current medications, continuing exercise and weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN 10/325MG #30MS #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the medical information available for review, there is documentation that the Norco is improving the patient's function or pain, causing no side effects, and no indication of any aberrant use. It is acknowledged that there should be better documentation of specific analgesic benefit. However, the current request is for a one-month supply of medication. This should allow the requesting physician time to better document analgesic effect, and discussion regarding aberrant use. The request for Hydrocodone/Acetaminophen 10/325 mg #180 is medically necessary and appropriate.