MAXIMUS Federal Services

Case Number:	CM13-0065967		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2010
Decision Date:	10/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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, has a subspecialty in Nephrology 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 24-year-old female with a date of injury of 5/18/10. The mechanism of injury occurred when she slipped and fell on wet stairs. There was only 1 handwritten barely legible progress dated 6/5/13 for review. The rest of the information was taken from the UR notes, and this was all that was available for review. On 9/11/13 the medications were noted to be hydrocodone/APAP, Soma, Xanax 2mg, Aleve, Excedrin Migraine, Zyrtec, and Mucinex. It was noted that because of "stomach pain symptomatology", she wanted liquid Vicodin instead of tablets. It was also reported that she uses marijuana daily. On 11/21/13 she complained of "hurting more", and wants the liquid hydrocodone/APAP (Vicodin). The diagnostic impression is lumbar herniated nucleus pulposus (HNP), sciatica, and internal disc disruption.Treatment to date: lumbar MRI, medication managementA UR decision dated 12/2/13 denied the request for hydrocodone elixir 7.5/325mg 900cc. The hydrocodone elixir was denied because the patient's response to prior hydrocodone/APAP was not discussed in the most recent report in terms of degree of pain relief provided, functional improvement, as well as relevant adverse drug reactions. Indication of plans to taper the medication dosage over time was not evident in the documents submitted. A documented urine drug screen was not provided in the records. Also, the reports submitted did not provide insight regarding the patient's mentioned "stomach pain symptomatology" that would justify the necessity of the liquid form of hydrocodone/APAP, as this may predispose the patient to imprecise dosing of the drug. There is also a need to look into the patient's use of marijuana, as this may reflect on her predisposition to aberrant drug seeking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Elixir 7.5/325 900CCS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. In addition, there is no rationale provided as to why to patient requires liquid hydrocodone/APAP verses tablets. There was no elaboration on the "stomach pain symptomatology" that would support the use of liquid Vicodin verses the tablet form. In fact, there was only 1 handwritten progress note dated 6/5/13 for review that was illegible. Therefore, the request for hydrocodone elixir 7.5/325 900cc was not medically necessary.