

Case Number:	CM14-0000760		
Date Assigned:	01/17/2014	Date of Injury:	10/21/2007
Decision Date:	10/14/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 51 year-old patient sustained an injury on 10/21/07 while employed by [REDACTED]. Request(s) under consideration include HYDROCODONE BIT/APAP 10/325MG #30 EVERY 6 HOURS AS NEEDED FOR PAIN QTY 120. Diagnoses include chronic pain; lumbar radiculopathy; insomnia; failed cervical spine surgery s/p cervical discectomy and fusion at C4-6 on 10/2/09 and history of Gout. The patient's MED is 130. Peer reviews of 9/16/13 and 11/4/13 determined non-certification of Hydrocodone/ Acet. Due to lack of response and supporting information. Report of 11/27/13 from the provider noted the patient with ongoing chronic neck symptoms rated at 9/10 with and 10/10 without medications. Exam showed moderate distress, tenderness to palpation of cervical spine with decreased painful range of motion. The provider noted pain contract on file with monitoring by urine testing. Report of 6/11/14 from the provider noted the patient with chronic neck pain radiating down bilateral lower extremities rated at 8/10 with and 9/10 without medications with ongoing insomnia. Exam of cervical spine was unchanged and showed spasm, spinal vertebral tenderness at C4-7; limited painful range; decreased sensation at C5-6 dermatomes. Treatment included CURES report, Urine Drug Testing (UDT) with weaning unsuccessful with continued medication regimen of Flexeril, Hydrocodone/APAP, MS Contin, Doxepin, and medications by other MD Butalbital, Norco, Amlodipine, Aspirin, Cyclobenzaprine, Glipizide, Lantus, Januvia, Lisinopril, Metoprolol, Pravastatin, Ambien, and Omega Fish oil. The request(s) for Hydrocodone BIT/APAP 10/325MG #30 EVERY 6 HOURS as needed for pain QTY 120 was modified without refill for weaning purposes on 12/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE BIT/APAP 10/325MG #30 EVERY 6 HOURS AS NEEDED FOR PAIN QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE (VICODIN, LORTAB),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Although the provider noted CURES report consistent; however, medications list multiple opiates and same muscle relaxant (Cyclobenzaprine) prescribed by multiple MDs (unsure if in same office). This is not consistent with appropriate pain contract procedure. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence or results presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The HYDROCODONE BIT/APAP 10/325MG #30 EVERY 6 HOURS AS NEEDED FOR PAIN QTY 120 is not medically necessary and appropriate.