

Case Number:	CM14-0002391		
Date Assigned:	01/24/2014	Date of Injury:	06/20/2008
Decision Date:	06/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Texas. 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 injured worker is a 39-year-old male who reported an injury on June 20, 2008. The mechanism of injury was not provided. The injured worker's medication history included Colace, muscle relaxants, PPIs (proton pump inhibitors), NSAIDs (non-steroidal anti-inflammatory drugs), opiates, and antiepileptic medications as of 2012. The clinical documentation of December 6, 2013 revealed the injured worker had continued knee pain and low back pain as well as neck pain. The injured worker indicated medication rarely holds his pain daily. The injured worker indicated that he could not get by with 135 tablets of Norco. The clinical documentation indicated the injured worker was continuing to use morphine long acting medication 3 times per day. The diagnoses included lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy, and unspecified major depression recurrent episodes. The prescriptions included Flexeril 5 mg tablets 1 twice a day as needed, quantity 60; gabapentin 600 mg tablets 1 twice a day, quantity 60; hydrocodone/APAP 10/325 mg 1 every 4 hours, quantity 180; nabumetone/Relafen 500 mg take 1 twice a day as an anti-inflammatory, quantity 90; pantoprazole/Protonix 20 mg take 1 twice a day for stomach, quantity 60; venlafaxine HCl ER 37.5 mg 1 capsule twice a day, quantity 60; Senna S tablets 8.6/50 mg take 1 tablet every 8 hours for constipation, quantity 90; and morphine 30 mg ER tablets 1 tablet every 8 hours, quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker's being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The duration of use was greater than 1 year. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation including objective improvement in function and an objective decrease in pain. The cumulative dosing of opiates would be 150 mg of oral morphine equivalents which exceeds guideline recommendations of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. The request for hydrocodone/APAP 10/325mg, 180 count, is not medically necessary or appropriate.