

Case Number:	CM14-0007200		
Date Assigned:	02/07/2014	Date of Injury:	12/31/2001
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/20/2014

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 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 61-year-old male with a 12/31/2001 date of injury. A specific mechanism of injury was not described. A prior 1/14/14 determination was modified. A certification was issued for Celebrex, and serum hepatic function panel and GGT level; and a modified certification was rendered for hydrocodone/acetaminophen. The requested medication included a dose of 5/500mg #90 with 5 refills, which was modified to only 2 refills between 12/31/14 and 7/8/14. The reasons for modification included that the patient was a candidate for continued use and was seen 2 to 3 times per year as needed. The prior determination also states that through a peer to peer conversation, there was documentation that the medication permits the patient to function and help reduce the pain from 10/10 to 2-6/10. The patient was now working or looking for work. 1/13/14 medical report identifies that patient's pain is worse with physical activity, made better by rest. The pain without medications was rated at least at 4/10 and at worse 9/10. With medications the pain is rated at least 3/10 and on average 6/10. 1/2/14 medical report identifies that the patient's medication were reviewed, there will be continued evaluation of the patient's regime and make alterations as necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF HYDROCODONE/ACETAMINOPHEN 5/500MG #90 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411; http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

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. The patient has chronic pain appropriately managed with the opioid medication. There is continued monitoring, appropriate analgesia, and improved functioning. The previous determination was reviewed recommending authorization for hydrocodone 90 tablets with two refills as this would provide sufficient medication to last until her next follow-up. In the context of this request, although there is appropriate monitoring and analgesia, there is no justification for 5 refills. Therefore, the request is not medically necessary.