MAXIMUS Federal Services

Case Number:	CM14-0115646		
Date Assigned:	08/04/2014	Date of Injury:	11/01/2011
Decision Date:	09/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 38-year-old man who sustained a work related injury on November 1, 2011. Subsequently, he developed back and ankles pain. According to a progress note dated on April 24, 2014, the patient continued to have significant left ankle pain, cramping, instability, soreness and gait instability. His physical examination demonsrated lumbar tenderness with spasm and reduced range of motion. Sensation is reduced in the left foot. Sensation is reduced in the left L5 dermatomal distribution. Straight leg raising test is positive on the left. Examination of the left ankle revealed tenderness to palpation of the joint line. Joint effusion was noted. The patient was diagnosed with lumbar radiculopathy, derangement of ankle joint, anxiety disorder, and gastroduodenal disorder. His medications included Omeprazole, orphenadrin, Medrox, Norco, and Naproxen sodium. The provider requested authorization for Hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation ACOEM second edition 2004 page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>.There is no clear justification for the need to continue the use of Hydrocodone. There is no documentation of functional and pain improvement with previous use of hydrocodone. There is no documentation of compliance of patient to his medications. Therefore, the prescription of Hydrocodone/APAP 10/325 mg #30 is not medically necessary.