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| Case Number: | CM14-0129987 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 10/09/2005 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 49-year old female who was injured on 10/9/2005. The diagnoses are low back pain, status lumbar fusion and left heel pain. There are associated diagnoses of insomnia, anxiety disorder and depression. The past surgery history is significant for multiple lumbar spine fusion and revision surgeries. On 6/18/2014, [REDACTED] noted that the patient would be weaned from Norco medication. The patient had completed PT and was able to accomplish ADL and perform household chores. The UDS was positive for benzodiazepines but negative for prescribed opioids. The past records from [REDACTED] showed that the patient have utilized high dose opioids for many years. The current medications are fentanyl patch and Norco for pain, Cymbalta, Celexa, trazodone and Valium for psychiatric disorders and Flexeril for muscle spasm. A Utilization Review determination was rendered on 8/4/2014 recommending non-certification for hydrocodone/APAP 10/325mg supply 16 #130.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10/325mg day supply 16 QTY: 130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 94, 108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for maintenance treatment when the patient have exhausted treatment with non-opioid medications, PT and surgery options. The chronic use of high dose opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia states and adverse interaction with other sedatives. The records indicate that the patient is utilizing high dose opioids in addition to multiple sedatives, psychiatric medications and muscle relaxants. The UDS was inconsistent with the absence of prescribed opioids. The records indicated that [REDACTED] had intended to wean the patient off Norco in June 2014. The Norco 10/325mg supply 16 #130 was not medically necessary.