

Case Number:	CM14-0133477		
Date Assigned:	08/25/2014	Date of Injury:	04/18/2002
Decision Date:	09/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/20/2014

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 in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44 year old female who reported an injury on 04/18/2002. The mechanism of injury reportedly occurred while the injured worker was transferring a patient with another co-worker. The injured worker had diagnoses including cervical osteoarthritis, cervical pain, lumbar arthropathy and pain, myofascial pain, right shoulder strain. Past treatment included medications, a home exercise regimen, physical therapy, an aqua therapy program, acupuncture, and the use of an H-wave. Diagnostic studies included an MRI of the cervical spine, an MRI of the lumbar spine in 03/2010, an EMG of the lower extremities in 06/16/2008 and in 08/2010, and an x-ray on 06/12/2008. The injured worker has undergone cervical and lumbar spine surgery. The injured worker complained of back pain described as aching, cramping and spasmodic, with pain radiating down the leg. The clinical note dated 09/03/2014 noted the injured worker reported an overall 70% improvement with the prescribed medication regimen. The injured worker had improved pain, range of motion, and activities of daily living. The injured worker had severe pain and tenderness with diminished range of motion upon flexion and extension to the cervical spine and lumbar spine. The injured worker had a positive straight leg raise upon exam. The physician recommended the injured worker start weaning opioid medications as hyperalgesia was suspected. The physician noted the injured worker refused weaning of the opioid medications; however, the physician noted a slow taper was started. Medications included Ambien 10mg, Dilaudid 8mg, Lidoderm 5% topical patch, Norco 10/325mg, Soma 350mg, Topamax 100mg, and Amitriptyline 25mg. The treatment plan included recommendations for Norco 10/325mg #240 with 1 refill and Dilaudid 8mg. The rationale for the request was not submitted. The request for authorization was submitted 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #240 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (Hydrocodone/Acetaminophen), Criteria for Use of Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 #240 with 1 refill is not medically necessary. The documentation noted the injured worker reported an overall 70% improvement with the prescribed medication regimen. The injured worker had improved pain, range of motion, and activities of daily living. The California MTUS Guidelines state that criteria for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief last. The guidelines also state that the four most relevant domains for ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation submitted for review indicates that Norco is helping the patient. However, there was not adequate quantified information regarding pain relief. There was no assessment of the injured worker's current pain on a VAS scale, average pain, and intensity of the pain after taking opioid medications, and longevity of pain relief. There is a lack of documentation indicating urine drug screens are consistent with the prescribed medication regimen. In addition, there was no mention of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. The physician recommended weaning as hyperalgesia was suspected; however, the medication being requested is not decreased from the previous dosages indicated within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request for ongoing use of Norco is not supported. Therefore, the request for Norco 10/325 #240 is not medically necessary.

1 prescription of Dilaudid 8mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid (Hydromorphone); When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Dilaudid 8mg #90 is not medically necessary. The documentation noted the injured worker reported an overall 70% improvement with the prescribed medication regimen. The injured worker had improved pain, range of motion, and activities of daily living. The California MTUS Guidelines state that criteria for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief last. The guidelines also state that the four most relevant domains for ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation submitted for review indicates that Norco is helping the patient. However, there was not adequate quantified information regarding pain relief. There was no assessment of the injured worker's current pain on a VAS scale, average pain, intensity of the pain after taking opioid medications, and longevity of pain relief. There is a lack of documentation indicating urine drug screens are consistent with the prescribed medication regimen. In addition, there was no mention of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. The physician recommended weaning as hyperalgesia was suspected; however, the medication being requested is not decreased from the previous dosages indicated within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request for ongoing use of Dilaudid is not supported. Therefore the request is not medically necessary.