

Case Number:	CM14-0155306		
Date Assigned:	09/25/2014	Date of Injury:	09/16/2003
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 51-year-old female with a date of injury of 9/16/03. The mechanism of injury was not noted. On 9/9/2013 a UR recommended a one-month refill of Hydrocodone/APAP (Norco) to allow for weaning purposes only. URs dated 1/10/14, 4/11/14, and 5/2/14 denied the requests for Hydrocodone/APAP 7.5/325mg #120. It was noted that the patient had been recommended weaning on multiple occasions due to elevated pain levels, lack of functional improvement, inconsistent urine drug screen (UDS), and reports of running out of medications early. The retro request for Norco #120 was dated 7/11/14. On 7/11/14, she complained of pain rated 8-9/10 that was 20% worse. She complained of ongoing neck and bilateral upper extremity complaints. The medications include Norco, Naproxen, Norflex, and Docusate. She was also noted to be using Ketoprofen cream. On exam her cervical spine had restricted range of motion and spasms into the left trapezius region. The diagnostic impression is chronic neck pain and HNP of the cervical spine. Treatment to date: s/p posterior fusion at C5-6 and C6-7 on 9/6/07, s/p anterior cervical fusion at C5-6 and C6-7 on 5/18/06, medication management, acupuncture therapy, A UR decision dated 8/22/14 denied the retro request for Hydrocodone/APAP (Norco) 7.5mg/325mg #120 (DOS: 7/1/2014). The Norco was denied because a peer review on 9/9/13 recommended a one-month refill of Norco for weaning purposes only. It was noted that the patient had been recommended weaning on multiple occasions due to elevated pain levels, lack of functional improvement, inconsistent urine drug screens, and reports of running out of medications early. The medical records do not establish functional improvement as a result of the current pain regimen. There was no indication of improvement in pain levels or functionality to substantiate ongoing utilization of opiate medication. In fact, the patient reports pain 8-9/10, worsening in nature. The patient has been on long-term opiate medication use without any functional improvement or improvement in pain levels and it was previously recommended that weaning

begin off the Norco. The patient should have ample medication to complete the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Hydrocodone Apap 7.5/325mg #120 (DOS: 07/1/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab). Decision based on Non-MTUS Citation Official Disability Guidelines Pain; Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (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. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. In fact, the patient stated on 7/11/14 her pain is rated 8-9/10 and 20% worse than previously. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. In fact, the patient has had inconsistent UDS with reports of running out of meds early. There were several URs included but not limited to dates of service on 1/10/14, 4/11/14, and 5/2/14, non-certifying Hydrocodone/APAP 7.5/325mg #120 based on the above reasons stated. In addition, the DOS appears to be 7/11/14, not 7/1/14. Therefore, the retro request for Hydrocodone/APAP 7.5/325mg #120 (DOS: 7/1/14) was not medically necessary.