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| Case Number: | CM14-0038437 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 05/18/2001 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and depression reportedly associated with an industrial injury of May 18, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and earlier cervical laminectomy surgery. In a Utilization Review Report dated March 27, 2014, the claims administrator denied a request for hydrocodone-acetaminophen (Norco). The applicant's attorney subsequently appealed. In a progress note dated March 5, 2014, the applicant was described as using Wellbutrin, Neurontin, and Norco. The applicant stated that the combination of medication was resulting in a 40% diminution in pain. The applicant was described as status post multiple cervical spine surgeries and right shoulder surgery in 2002. The applicant was still smoking every day and was unemployed, it was acknowledged, at age 65. Somewhat incongruously, the applicant was reporting 9.5/10 pain in another section of the report and was ambulating with the aid of a cane. It was stated the applicant's standing and walking tolerance was limited. It was stated that the applicant was depressed and that the applicant was dependent on others for assistance with yard work. Norco was nevertheless renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 mg/Acetaminophen 325 mg tablet take 1-2 tablet(s) every 4-6 hrs by oral route for 16 days (max 8/day) **14 day supply qty: 112 tablet(s) refills: 0: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not seemingly been met. The applicant is off of work. The applicant is reportedly unemployed. While the attending provider reported in certain sections of the report that the applicant was reporting a 40% reduction in pain levels with a combination of medications, other sections of the report stated that the applicant had 9.5/10 pain complaints. The attending provider's incongruous reporting of the applicant's present symptoms, coupled with the fact that the applicant is having difficulty performing even basic activities of daily living such as sitting, standing, ambulating, yard work, etc., suggests that ongoing usage of Norco has not been altogether beneficial in terms of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.