

Case Number:	CM14-0039428		
Date Assigned:	05/07/2014	Date of Injury:	03/06/1998
Decision Date:	07/09/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/03/2014

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 Management 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 patient with a date of injury of March 6, 1998. A utilization review determination dated February 28, 2014 recommends noncertification of hydrocodone/acetaminophen. Noncertification is recommended due to no evidence of an opiate contract, as well as the patient receiving additional pain meds from his psychiatrist as well as his pain management doctor resulting in pain management discharge, no urine drug screens performed, no optimization of non-opioid medication, and no CURES monitoring. A progress report dated September 23, 2013 identify subjective complaints including emotional withdrawal, depression, anxiety, insecurity, fear, Agoraphobic tendencies, damage to self-esteem, impatience, irritability, frustration, anger, temper loss, emotional depletion, fatigue, sleep disturbance, diminished psychological energy, decreased motivation, headaches, and mental confusion. Objective findings are not listed. Diagnoses include depressive disorder, psychological factors affecting medical condition, and alcohol abuse. Current treatment plan is not listed. The progress report dated October 8, 2013 indicates that the patient is using Ambien, Norco twice a day, sertraline, and Xanax. The patient is also being prescribed BuSpar, Klonopin, Viibryd, and Zoloft. The note indicates that without these medications the patient feels he would be hospitalized. A utilization review reconsideration dated February 13, 2014 indicates that the reviewing physician's clinical rationale was defective. The note indicates that the patient has an opioid agreement, but urine drug tests are not done, "nor are any needed for such urine tests for just four 10 mg of hydrocodone twice per day." There is some discussion regarding the patient getting medication from two physicians. The note goes on to state that the patient has not abused the requested Norco. A subsequent appeal letter dated March 10, 2014 states that CURES monitoring is not mandatory. A subsequent utilization review appeal dated March 24, 2014 states that, "there should be no question that the hydrocodone has caused improved functioning due to decreased pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG, FOR 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT ACTIONS Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS) and no documentation regarding side effects. Additionally, although the requesting physician has repeatedly stated that there has been no aberrant use with regards to this medication, the patient does fall into a moderate risk category due to currently having a psychiatric diagnosis, currently being prescribed psychotropic medication, and having a history of alcohol abuse. Therefore, guidelines recommend performing urine drug screens at regular intervals. There is no documentation indicating that this patient has undergone any urine drug screens. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.