MAXIMUS Federal Services

Case Number:	CM14-0040083		
Date Assigned:	06/27/2014	Date of Injury:	08/02/2006
Decision Date:	08/21/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This is a 44-year-old female with a 8/2/06 date of injury. The mechanism of injury was not noted. In a 5/30/14 progress note, the patient continued to be depressed and stressed and frustrated from her industrial injury and the delayed treatment. She continued to have intermittent bilateral hand and wrist pain with paresthesia despite wearing cockup bilateral wrist brace at nighttime. The patient completed approximately 6 sessions of acupuncture treatment with cervical and lumbar spine with temporary relief. Physical examination of the cervical spine revealed negative Spurling's test bilaterally. Examination of bilateral upper extremities revealed mild tenderness in the medial epicondyle region of the right and negative on the left. Physical examination of the lumbar spine revealed palpable tenderness in the midline region, there is tenderness in the bilateral paraspinal muscle region bilaterally. Diagnostic impression: cervical thoracic strain/arthrosis/discopahy, bilateral carpal tunnel syndrome, right elbow medial epicondylitis, status post spinal fusion, status post left nephrectomy, status post bilateral knees contusion.Treatment to date: medication management, activity modification, acupuncture therapy, A UR decision dated 3/8/14 denied the request for hydrocodone. The patient has not demonstrated any quantified improvements or changes either subjectively, objectively, or with function even given the long term use. This is not consistent with the guideline criteria for long-term opioid use. Recommendations were made to wean from this medication on 6/14/13, and the requested quantity was modified to #45. In the meantime there have been two urine screens both of which were negative for hydrocodone. The request for a chem 20 panel was denied because the provider indicated the need to check for liver and kidney problems due to NSAID and acetaminophen use. There are no guideline recommendations for specific frequency in performing laboratory evaluation for chronic NSAID use, and repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney/liver function. The

patient exhibits no symptoms to suggest kidney or liver abnormality due to medication use, nor has the patient consistently been taking hydrocodone/acetaminophen; therefore, there are no symptoms indicative of a need to perform laboratory evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA 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. It is documented that a UR decision dated 6/14/13 supported the weaning off of Norco for this patient. There is no documentation that the provider has addressed the recommendation for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, urine drug screens dated 8/24/13, 9/1/13, and 2/9/14 were inconsistent with the use of hydrocodone. Therefore, the request for Hydrocodone 5/325 mg #120 is not medically necessary.

1 Chem 20 panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'.

Decision rationale: CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. It is documented that the physician is requesting Chem 20 panel blood work to check her liver enzymes and kidney function and medication. The patient is status post left nephrectomy. The guidelines do support routine laboratory management for patients on chronic medications, particularly in the setting of a patient with a prior nephrectomy. Therefore, the request for 1 Chem 20 panel is medically necessary.