

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0051770 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 09/02/2003 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/22/2014 |
| Priority: | Standard | Application Received: | 04/19/2014 |

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 51year-old male with a 9/2/03 date of injury to the right elbow and left ankle, sustaining a calcaneal fracture, which was subsequently repaired. The patient also underwent a right elbow fusion. The patient was seen for these complaints on 4/22/14 and it was noted that the patient's opiates were not paid for by the workers compensation provider, causing the patient to go into withdrawal. His left ankle pain is a 9/10 and the patient reports his activity level greatly decreased although he is able to drive. The patient states he is no longer is withdrawal as his opiates were abruptly stopped 6 weeks ago and is fearful tor start them as he does not want to experience another abrupt withdrawal. Exam finings revealed and antalgic gait, stiffness when arising from a seated position, limited range of motion in the right elbow, and right shoulder myofascial changes. The patient was noted to be on Opana and Norco in a progress note dated 1/23/14 but his Urine Drug Screen (UDS) was inconsistent so his Opana was discontinued and his Norco was continued at that time. His pain level then was 6/10. The diagnosis is left calcaneal fracture s/p surgical repair, and right elbow fusion.Treatment to date: surgery, medicationsAn adverse determination was received on 3/22/14 given there was no indication or decreased pain or functional benefit with this medication. The request was approved for #65 tablets to allow for a taper.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydrocodone 10/325mg #130: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
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. There is no documentation to support a decrease in VAS or ongoing functional gains with this medication. In addition there is no evidence of monitoring in the form of CURES reports or consistent urine drug screens. The UR decision certified #60 tablets of Norco to allow for a taper. However, the progress note dated 4/22/14 stated that the patient had not been on Norco for 6 weeks and had been through opiate withdrawal and was hesitant to restart any opiates. It is not clear if the patient received any narcotics after that date, but regardless the intention was to discontinue the patient's opiate use with a taper. As there is a lack of documentation regarding whether the patient ever received his #65 tablets or not, it is difficult to substantiate a request for #130. Furthermore it is not clear that the patient wants to restart opiate therapy. In addition, there is a lack of documentation with regard to other conservative treatment measures to help alleviate pain and there is no discussion of a long-term treatment plan. Therefore; the request for Norco #130 was not medically necessary.