

Case Number:	CM14-0056948		
Date Assigned:	04/30/2014	Date of Injury:	12/14/2012
Decision Date:	07/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 Physician 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 patient is a 35 year old male who was injured on 12/14/2012. The diagnoses are lumbar radiculopathy, headache, abdominal pain and neck pain. The MRI showed degenerative disc disease, spondylosis and neural foraminal stenosis of the cervical spine and degenerative disc disease of the lumbar spine. The patient reported exacerbation of pain with chiropractic therapy but decrease in pain and increase in physical function with acupuncture and medications. The medications listed are Seroquel for depression, Norco and Naprosyn for pain, Norflex for spasm and omeprazole for prevention of NSAID associated gastritis. ██████████ noted that the medications helped in decreased pain and increased function. There is no documentation of UDS and other monitoring measures in the records provided. The laboratory reports showed an increase in liver transaminase enzyme levels. A Utilization Review determination was rendered on 1/17/2014 recommending partial certification of Norco 10/325mg #180 to #60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: The California MTUS guidelines addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids can be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non-responsive to standard NSAIDs, physical therapy and exercise. Opioids can also be utilized for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain procedures, behavioral modifications and psychiatric treatments. This employee has been on chronic opioid treatment for more than one year. There is lack of detailed documentation of MTUS guideline required compliance monitoring measures such as UDS, Pain Contract, absence of aberrant behaviors and functional restoration. The laboratory reports indicated an increase in liver transaminase enzyme levels. Norco does contain acetaminophen that can cause liver damage in patients with pre-existing liver dysfunction. The criteria for the use of Norco - containing hydrocodone/APAP 10/325mg #180 6 tablets a day was not met.