

Case Number:	CM14-0062703		
Date Assigned:	07/11/2014	Date of Injury:	06/23/2007
Decision Date:	10/01/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with date of injury of 06/23/2007. The listed diagnoses per [REDACTED] are: 1. Obstructive sleep apnea, 2. PTSD. According to the report dated 11/07/2013, the patient feels he is in a "dark place." He noticed that things are not going well at home. He is in conflict with his wife. The patient feels depressed, gets easily confused, and cannot keep track of information. He gets headaches about twice a week, and he has been taking Vicodin but not on a regular basis. He takes Klonopin 0.5 mg at nighttime, but it is unlikely that it is giving him adequate sleep relief. He dispenses his medications and reports that he never received a CPAP unit. His mood and affect appear quiet, depressed, and somber. No delusions, hallucinations or suicide ideations were reported. The patient is concerned that clonazepam and hydrocodone could be giving him problems. He uses hydrocodone on occasion. The patient is currently TTD. The utilization review denied the request on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 5-325 MG QTY 60 DAY 30 SUPPLY 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 78, 88 and 89.

Decision rationale: This patient reports depression and headaches. The treater is requesting hydrocodone APAP 5-325 mg. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month interval using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that includes current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 11/07/2013. The treater does not document medication efficacy including specifics regarding ADLs. No pain scales were noted, no significant improvement was reported and no mention of quality of life changes. The treater did not discuss "pain assessments" as required by MTUS. There are no reports regarding adverse side effects and aberrant drug-seeking behavior such as a urine drug screen. The request is not medically necessary.