

Case Number:	CM14-0082668		
Date Assigned:	07/21/2014	Date of Injury:	10/21/2005
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 46 year-old who was injured on 10/21/2005. The diagnoses are neck pain, low back pain and thoracic spine pain. On 4/11/2014, there were subjective complaints of neck and low back radiating to the extremities associated with numbness and tingling sensations. There was tenderness over the trapezius and lower back. ██████████ noted normal motor, sensory and reflexes tests. The pain was decreased by about 60% from the use of medications. The medications are listed as Naproxen and Hydrocodone for pain, Cyclobenzaprine for muscle spasm and Docusate for constipation. A Utilization Review determination was rendered on 5/20/2014 recommending non-certification for Hydrocodone/APAP 10/325mg #120, Docusate Sodium 100mg #60 and Butalbital /APAP #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The CA MTUS addressed the use of opioids in the management of chronic musculoskeletal pain. Opioids can be utilized during exacerbation of chronic pain and as maintenance treatment when the patient has exhausted surgeries, physical therapy, non-opioid medications and interventional pain procedures. The records indicate that the patient has exhausted non-opioid methods of treatment. The utilization of the medications results in 60% reduction in pain and increased ability to full-fill activities of daily living and other activities. No aberrant behavior was reported. The criteria for the use of Hydrocodone/APAP 10/325mg #120 was met and is medically necessary.

Docusate Sodium 100 mg #60: O v e r t u r n e d

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. page 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The CA MTUS and the ODG recommend that prophylactic treatment of constipation should be initiated when initiating chronic opioid therapy. It is also recommended that first line measures such as increase in physical activity, increased fluid and dietary fiber intake be utilized to minimize the effects of opioid induced constipation. The records indicate that the patient is utilizing Colace to treat opioid induced constipation. The criteria for the use of Docusate Sodium 100mg #60 was met and is medically necessary.

Butalbital/APAP #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Headache.

Decision rationale: The CA MTUS and the ODG did not recommend long term use of barbiturate containing medications in the treatment of headache or chronic pain. The long term use of barbiturates is associated with the risk of dependency and overuse /rebound headache. The criteria for the use of Butalbital / APAP #60 was not met and is not medically necessary.