

Case Number:	CM14-0092689		
Date Assigned:	07/25/2014	Date of Injury:	12/10/2001
Decision Date:	09/23/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 patient has developed chronic pain subsequent to a motor vehicle accident on 12/10/2001. Multiple body parts are reported to be part of the claim and included cervical, lumbar, legs, head and bilateral hands. He is reported to have had 4 lumbar surgeries with decompression and multilevel fusions. He has residual neuropathic pain secondary to a chronic electrodiagnostic positive radiculopathy. Medications are listed to be MS Contin 100mg BID, Norco (Hydrocodone) 10/325 3-4/day, Cymbalta and Neurontin. Pain relief is reported to be about 50%, however no functional changes are documented. The 3/5/14 treater's records note that drug testing on 1/22/14 was inconsistent regarding the use of Hydrocodone. The actual drug test is not in the records. On 4/21/14 a urine screen was negative for morphine sulfate despite being prescribed massive amounts of long acting morphine sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Unspecified Amount: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 82, 86-87, 115, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Page(s): 84.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the continued use of Opioids if there is evidence of non-adherence and/or diversion. The records indicate that there have been 2 urine drug screens that have been inconsistent with Opioid prescriptions. In particular, the 4/21/14 urine drug screen was negative for morphine when massive doses of long acting morphine were being prescribed. The treating physician appears to pay no attention to this. Under these circumstances, Guidelines do not support the continued use of Hydrocodone. As such, the request is not medically necessary and appropriate.