

Case Number:	CM14-0196517		
Date Assigned:	12/04/2014	Date of Injury:	06/19/2010
Decision Date:	01/28/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Orthopedic Surgery 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 female who suffered an industrial related injury on 6/19/10. A physician's report dated 4/2/14 noted the injured worker had complaints of low back pain with right greater than left lower extremity symptoms. Diagnoses included meniscal tears to the right knee, osteoarthropathy of the right knee, foraminal stenosis of L4-5 and L5, facet osteoarthropathy of L4-5 and L5-S1; left knee pain, fractured right fifth metatarsal, post gastric bypass surgery, and reactive depression. A pain specialist's report dated 10/16/14 noted the injured worker was prescribed Hydrocodone-Acetaminophen 7.56-325mg/15ml solution. The physician noted the medications prescribed are medical necessary as they provide functional benefits that help the patient to better perform valued activities of daily living, improve affect, and overall quality of life without any intolerable side effects. The physician noted the injured worker was strongly advised to taper the medications as much as possible and to utilize the lowest effective dose to maintain function. On 10/28/14 the utilization review (UR) physician denied the request for Hydrocodone Acetaminophen 7.5-325mg/15ml solution 2250ml without refills. The UR physician noted there was no documentation indicating why the injured worker could not take the pill form of the requested medication. The UR physician noted that without further documentation to address the pill vs liquid form of the medication the request is not supported by the Medical Treatment Utilization Schedule guidelines and is therefore non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - Acetaminophen 7.5/325 mg/15 ml Solution 2250 ml without refills:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 61,78.

Decision rationale: The claimant has been diagnosed with diabetes with peripheral neuropathy, cancer, and abdominal abscess. She has had gastric bypass previously, and is treated with a PPI. In the records available for my review, there is no mention of delayed gastric emptying associated with neither diabetes nor dysphagia. Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do appear to have been addressed by the treating physicians in the documentation available for review. It appears function and analgesia are positively impacted by the use of hydrocodone. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, urine drug screen (UDS), opiate agreement) are necessary to assure safe usage and establish medical necessity. There is documentation comprehensively addressing this concern in the records available for my review. I respectfully disagree with the UR physician's assertion that because there is no documentation of the need to use the liquid form instead of the pill form, the request is medically necessary. The MTUS does not stipulate this nor does it infer this. The risks of treatment are not clearly increased with the use of liquid form, and the UR physician does not articulate any particular germane risk associated with the liquid form. As noted above, the claimant has GI comorbidities, and has been referred to a GI physician to address these. The request is medically necessary.