

Case Number:	CM14-0198752		
Date Assigned:	12/09/2014	Date of Injury:	08/30/2013
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/28/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 injured worker is a 40-year-old gentleman with a date of injury of 08/30/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/01/2014, 10/03/2014, and 11/07/2014 indicated the worker was experiencing pain throughout the back, weakness, and decreased sleep. Documented examinations consistently described tenderness in the mid-back with associated trigger points, and decreased motion in the mid-back joints. The submitted and reviewed documentation concluded the worker was suffering from myofascial pain syndrome, thoracic degenerative disk disease and bulging disk(s), lumbar strain, and thoracic radiculopathy. Treatment recommendations included chiropractic care, home exercise program, oral medications, injection of trigger points, pain management specialist consultation, and follow up care. A Utilization Review decision was rendered on 11/12/2014 recommending partial certification for 25 tablets of hydrocodone with acetaminophen 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Hydrocodone with acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing pain throughout the back, weakness, and decreased sleep. Documented pain assessments detailed only a few of the elements recommended by the Guidelines and did not sufficiently demonstrate significantly improved pain intensity or function with the use of this medication. In the absence of such evidence, the current request for 120 tablets of hydrocodone with acetaminophen 10/325mg is not medically necessary. This amount of medication should be enough to provide a slow wean as supported by the Guidelines.