

Case Number:	CM14-0204167		
Date Assigned:	12/17/2014	Date of Injury:	08/08/2005
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old man who was injured on 8/8/2005. The diagnoses are sacroilitis, lumbar sacral spondylosis, lumbar spinal stenosis, post laminectomy cervical syndrome, right shoulder, neck and low back pain. The past surgery history is significant for multiple cervical spine surgeries, right shoulder rotator cuff surgery and right carpal tunnel release. The patient completed lumbar epidural steroid injections. The only available physician note was a 1/6/2014 Nerve Conduction Study by [REDACTED] showing mild myelopathic weakness with no denervation changes. There is no clinical record showing quantitative or qualitative evaluation of the pain, subjective complaints or physical findings supporting the indication for chronic opioid treatment. This summary is extracted from the Utilization Review report. A Utilization Review determination was rendered on 11/26/2014 recommending modified certification for Norco 10/325mg #240 to #180 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse effects with other sedatives. The guidelines required documentation of compliance monitoring UDS, Pills count, absence of aberrant behavior and adverse effects and evaluation of functional restoration. There was no clinical record provided by the provider showing subjective and objective findings indicating exacerbation of musculoskeletal pain. There was no record provided for indication for chronic opioid treatment. The criterion for the use of Hydrocodone/APAP 10/325mg # 240 is not met. The guidelines recommend safe weaning protocols for patients on chronic high dose opioid treatment.