MAXIMUS Federal Services

Case Number:	CM15-0003584		
Date Assigned:	01/14/2015	Date of Injury:	09/29/2004
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 55 year old male with an industrial injury dated 09/29/2004. His diagnoses include lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac arthropathy, and mood disorder. Recent diagnostic testing was not provided or discussed. He has been treated with FexMid, Paxil, Prilosec, Ultram extended release, Norco, a topical cream of cyclobenzaprine and Tramadol for several months. In a progress note dated 12/06/2014, the treating physician reports persistent pain to the lumbar spine and bilateral sacroiliac joints with radiation up to the mid thoracic spine and into the base of the neck, and with radiation down to both legs which was associated with numbness and tingling. The injured worker reported that the medications were helpful in alleviating some of the pain. The objective examination revealed normal muscle strength in the upper and lower extremities, diminished sensation to light touch and pin-prick at the bilateral S1 dermatomal distribution, and +1 reflexes throughout. There was no documented pain rating or noted fucntional improvement over the previous evaluations. The treating physician is requesting 120 tablets of hydrocodone/APAP 10/325 mg which was denied by the utilization review. On 12/26/2014, Utilization Review modified a prescriptions for 120 tablets of hydrocodone/APAP 10/325 mg modified to 40 tablets of hydrocodone/APAP 10/325 mg, noting the absence of documented pain assessment or functional response to opioid therapy in terms of improvement of activities of daily living or return to work to warrant continued use. The MTUS was cited. On 01/07/2015, the injured worker submitted an application for IMR for review of 120 tablets of hydrocodone/APAP 10/325 mg modified to 40 tablets of hydrocodone/APAP 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10mg/325mg - 120 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients prescribed opioids such as Norco require ongoing assessment of pain relief, functional status, medication side effects, and any aberrant drug taking behavior. Typical questions regarding pain relief include least pain, average pain, worst pain, duration of analgesia, and time to onset of analgesia from the medication. Opioids may generally be continued if the injured worker has improvements in pain and functionality as a consequence of the medication and/or has regained employment.In this instance, the injured worker has been prescribed the opioids tramadol ER 150 mg twice daily and Norco 10/325 mg one every 4-6 hours since at least September 2014. There are instances when urine drug screening has been requested by the physician. Some of the injured worker's pain is alleviated with the medication combinations. However, there are no reports of functional status as it relates to her baseline or within the same day as it pertains to her opioid use. Consequently, Hydrocodone/APAP (Norco) 10mg/325mg - 120 tablets is not medically necessary in view of the submitted medical records and in accordance with the cited guidelines. The treating physician should consult appropriate weaning guidelines.