

Case Number:	CM15-0009403		
Date Assigned:	01/27/2015	Date of Injury:	11/30/2009
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old female sustained a work related injury on 11/30/2009. As of an office visit dated 12/09/2014, the injured worker complained of pain in the low back/thoracic spine radiating up the spine into the neck with bilateral upper extremity numbness and tingling, left greater than right. She also complained of generalized pain in all areas but was improved with acupuncture (which was completed) and medications. She reported that the severity of pain over the last two months was increased by 100 percent and the pain was now radiating down the right lower extremity to her toes and was very bad. Medications included Hydrocodone, Cyclobenzaprine, Diclofenac sodium, Cymbalta, Lyrica, Gabapentin Medrox patch, Lidoderm Patch, Docusate Sodium and Omeprazole. Diagnoses included lumbar disc with radiculitis, thoracic or lumbar-sacral radiculitis, cervical disc with radiculitis, cervicgia, low back pain and shoulder pain. According to the oldest progress report submitted for review and dated 05/19/2014, the injured worker's medication regimen included Hydrocodone. On 12/19/2014, Utilization Review non-certified Hydrocodone/APAP 5/325mg 60 Tabs x 2. Guidelines cited for this request included The Official Disability Guidelines Pain (Chronic) and CA MTUS Chronic Pain Medical Treatment Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 mg 60 tabs, twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Oxycodone/ Acetaminophen (Percocet) - Opioids, Specific Drug List, Online Version, updated 11/21/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework”. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Hydrocodone/APAP 5/325 mg 60 tabs, twice daily is not medically necessary.