MAXIMUS Federal Services

Case Number:	CM15-0109094		
Date Assigned:	06/15/2015	Date of Injury:	06/16/2003
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, California
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 (IW) is a 59 year old male who sustained an industrial injury on 06/16/2003. According to the qualified medical evaluator's report, he injured himself in June 2003 while working and felt something snap and pop in his neck and upper arm area. The injured worker was diagnosed as having cervical disc degeneration, cervical radiculopathy, left cubital and carpal tunnel syndrome and chronic pain. Treatment to date has included cervical surgery, carpal tunnel surgeries, cubital tunnel surgery, and pain medications. Currently, the injured worker complains of increased pain and difficulty sleeping. He has persistent radiculopathy and neuropathic pain with disability secondary to his pain. On his exam, the worker was noted to have paracervical spinal tenderness and no spasm. His vital signs were normal and he was in no acute distress. The treatment plan was to prescribe amitriptyline as the worker was previously taking this and it was felt to be greatly beneficial to the patient. Current medications include Gabapentin, Meloxicam, Carisoprodol, Hydrocodone, Losartan, and Metformin. Request for authorization were also submitted for 1 prescription of Meloxicam 15mg, 1 prescription of Gabapentin 600mg and 1 prescription of Hydrocodone #270. A recent detailed urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids, specific drug list, Hydrocodone/Ibuprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, Criteria For Use Of Opioids, Therapeutic Trial of Opioids.

Decision rationale: Request: prescription of Hydrocodone #270Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) and other non opioid medications (antidepressants, like amitriptyline) without the use of Hydrocodone, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of prescription of Hydrocodone #270 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.