

Case Number:	CM15-0142358		
Date Assigned:	08/03/2015	Date of Injury:	04/06/2006
Decision Date:	09/29/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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: California, District of Columbia, Maryland
 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 injured worker is a 36 year old male who sustained an industrial injury on April 6, 2006. According to a progress report dated May 29, 2015, the injured worker was seen for follow-up of lower back pain. He had been doing side work in a catering company. He continued to see a psychiatrist who was prescribing him Trazodone for sleep. He also attended stress groups. He was utilizing Norco 2-3 times per day which significantly decreased his pain and allowed him to go about his daily activities without focusing on pain. He also used Capsaicin and Ketamine cream, glucosamine for joint support, Venlafaxine for neuropathic pain, Viagra intermittently for erectile dysfunction, Norflex for lumbar muscle spasms, Gabapentin for neuropathic pain and Omeprazole for gastrointestinal protection with the use of oral medications. He denied any side effects. Diagnoses included long-term use of meds not elsewhere classified, unspecified major depression recurrent episode, pain psychogenic not elsewhere classified, chronic pain syndrome and lumbar disc displacement without myelopathy. Prescriptions were given for Venlafaxine. Prescriptions included Venlafaxine, Hydrocodone-Acetaminophen 10-325 mg take 1 tab 2-3 times a day as needed for pain #75, Trazodone and Glucosamine Chondroitin. Urine drug screens and CURES reports were noted to be consistent. The provider noted that medications provided ongoing pain relief and functional benefit. A urine drug screen dated May 29, 2015 was submitted for review and was positive for opiates. The injured worker was permanent and stationary with permanent disability. Currently under review is the request for Hydrocodone-Acetaminophen 10-325 mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per note dated 8/14/15, it was noted that hydrocodone reduces the injured worker's pain from 8-9/10 on VAS down to 5/10. He stated that he is able to get up in the morning out of bed with the norco. If he does not take it, he ends up staying in bed for the morning. The norco also helps him to do his exercise program and do his daily activities including walking and standing for longer periods of time. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 5/29/15 was consistent with opiate use. I respectfully disagree with the UR physician's assertion that the documentation did not support the ongoing use of this medication, the request is medically necessary.