

Case Number:	CM15-0145898		
Date Assigned:	08/07/2015	Date of Injury:	11/18/2008
Decision Date:	09/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 58 year old female who sustained an industrial injury on November 18, 2008. The injured worker was diagnosed as having cervicgia, spinal cord disease, cervical intervertebral disc disorder with myelopathy and cervical spinal stenosis status post cervical discectomy and fusion C3-7 (2009). The injured worker is not working. Treatment to date has included hospitalization (for nausea and vomiting from severe headache) and medication. A progress note dated June 26, 2015 reported the injured worker complained of continued headaches, neck pain and vertigo. Pain rated 8-10/10 without medications and 5-8/10 with medications. Present opioid medications include extended-release morphine and immediate-release oxycodone. Physical exam noted moderate distress with decreased cervical and shoulder range of motion (ROM) and normal motor and sensory exams to the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Additionally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. At this point in the care of this patient, the safe use of chronic opioid therapy is at question. There is no documentation of a patient opioid use contract, comments on side effects from opioid therapies or screening for addiction or aberrant behaviors/medication misuse. The safe use of chronic opioid therapy should have this documentation. The provider's records for the last 4 months do not add hydrocodone to the plan of medications prescribed but does list that the patient as taking them in the history section of each note. The combine opioid dosage for this patient if hydrocodone is actually being used is 315 mg/day. This is markedly above the maximum MTUS-recommended dosage of 120 mg/day. Since the patient is already taking an immediate-release, short-acting opioid (oxycodone) there is no indication to use hydrocodone. Medical necessity for the continued safe use of this medication has not been established. The request is not medically necessary.

Oxycodone 10 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids; Weaning of Medications Page(s): 60-1, 74-96, 124.

Decision rationale: Oxycodone (OxyContin) is a semi-synthetic opioid indicated for treatment of moderate to severe pain available in immediate release (Oxycodone IR) and controlled release forms. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Additionally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. At this point in the care of this patient, the safe use of chronic opioid therapy is at question. There is no documentation of a patient opioid use contract, comments on side effects from opioid therapies or screening for addiction or aberrant behaviors/medication misuse. The safe use of chronic opioid therapy should have this documentation. Additionally, the combined opioid dosage for this patient from use of morphine and oxycodone is 225 mg/day. This is markedly

above the maximum MTUS-recommended dosage of 120 mg/day. Weaning of opioids is indicated. Medical necessity for the continued safe use of this medication has not been established. The request is not medically necessary.

Ativan 1 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications Page(s): 24, 66, 124.

Decision rationale: Lorazepam (Ativan) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven and tolerance to its effectiveness occurs quickly. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient has taking this medication for over 2 months, presumably for its muscle relaxant effect, as the patient does not have a diagnosis of anxiety. Continued use is not indicated. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. Medical necessity for continued use of this medication has not been established. The request is not medically necessary.