MAXIMUS Federal Services

Case Number:	CM15-0200314		
Date Assigned:	10/15/2015	Date of Injury:	07/05/2001
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This is a 77-year-old male with a date of industrial injury 7-5-2001. The medical records indicated the injured worker (IW) was treated for pain in joint lower leg; crushing injury of lower leg; unspecified disorder of bursae tendons-shoulder; and chronic pain syndrome. In the progress notes (7-8-15, 8-5-15, 9-2-15), the IW reported pain in the left shoulder, right wrist and right lower leg. He was taking Norco (since at least 1-2015) for pain. His pain ranged from 2 to 8 out of 10. On examination (9-2-15 notes), his gait was very antalgic and he walked with a cane. The left shoulder was tender with limited range of motion. He had no shoulder pain at rest. The dorsal right wrist was tender and grip strength was "strong". There was tenderness along the instep of the right foot. There was no urine drug screen available for review. Treatments included Norco, ice and heat, home exercise (walking) and Gabapentin (failed). The IW was permanently disabled. A Request for Authorization was received for Hydrocodone 10-325mg #120 for retrospective date of service 9-2-15. The Utilization Review on 10-6-15 non-certified the request for Hydrocodone 10-325mg #120 for retrospective date of service 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120 (retrospective dos: 09/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going 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. Review of the available medical records reveals neither documentation to support the medical necessity of Norco nor any documentation addressing the'4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore is not medically necessary, cannot be affirmed.