

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0027080 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 09/09/2013 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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 55 year old male who sustained an industrial injury on 09/09/2013. Current diagnoses include herniated lumbar disc with radiculopathy, herniated cervical disc with radiculitis, status post left and right shoulder arthroscopy, and left forearm with an abnormal mass, etiology unknown. Comorbid conditions include diabetes and obesity (BMI 36.1). Previous treatments included medication management, physical therapy, acupuncture, chiropractic therapy, shoulder surgery, and epidural injection. Report dated 01/21/2015 noted that the injured worker presented with complaints that included lower back pain with radicular symptoms into the right and left leg. Physical examination showed decreased range of motion, positive straight leg raise bilaterally, hypoesthesia along the anterior L5 and S1 dermatomes bilaterally and reflexes +1/4 bilaterally at ankles. Current medication regimen includes Norco, Anaprox, Ambien, and Ultram ER. Utilization review performed on 02/04/2015 non-certified a prescription for hydrocodone/APAP, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines 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 is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. Chronic use of this medication requires documentation of beneficial effect due to decreased pain and/or improved function. 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. The provider is following these criteria. 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. This is the crux of the decision for use of this medication in this patient. First-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have not been tried. Additionally, the provider has not documented beneficial effects of decreased pain or increased function from use of this medication. Medical necessity for use of this medication has not been established.