MAXIMUS Federal Services

Case Number:	CM15-0218275		
Date Assigned:	11/10/2015	Date of Injury:	03/31/2011
Decision Date:	12/21/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/05/2015

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: Arizona, 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 is a 67-year-old male who sustained an industrial injury on 03/31/2011. Medical records (07-16-2015 through 09-06-2015) were reviewed. The worker awakened with chest pains and suffered a heart attack while at home in 03-2011. Application filed 07-05-2011 alleged cumulative trauma. Medical records indicated the worker was treated for chest pain. In the provider notes of 09-06-2015, the injured worker complains of chest heaviness with chest pain. A cardiac catheterization 9 months prior showed severe cardiac disease with patent cardiac artery bypass grafts. He has history of three-vessel coronary artery disease and coronary artery bypass grafts in 2011. The worker denied exceptional chest pain. He awakened in the middle of the night with crushing chest pain that was unlike prior episodes. He went to work and his symptoms continued so he was sent to the emergency room for further treatment. His chest pain improved with nitroglycerine and a cardiologist was consulted. The worker had cardiac labs drawn and was transferred to a medical center for further cardiac management and care. According to Emergency department notes, the symptoms did not appear to be musculoskeletal. A request for authorization was submitted 10-19-2015 for Hydrocodone/APAP (acetaminophen) tablets 5-325mg, #50. A utilization review decision 10/26/2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (acetaminophen) tablets 5-325mg, #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

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

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been was recently provided Hydrocodone. Indication for its use was not substantiated. It is not the drug of choice for chest pain. There was no mention of failure of other non-opioid analgesics for any related pain. The Hydrocodone is not medically necessary.