

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0056904 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 05/28/2002 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 02/14/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

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: Texas, Florida

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 59 year old male who sustained an industrial injury to his lower back on May 28, 2002. The injured worker has had conservative care with physical therapy, mid back epidural steroid injection (ESI) and medications. There is a history of cervical spine surgery. The injured worker was diagnosed with cervical degenerative disc disease, cervical radiculitis, lumbar degenerative disc disease and lumbar radiculitis. There is associated diagnosis of depression. According to the treating physician's progress report on January 10, 2015, the injured worker continues to experience neck pain which radiates from the left shoulder to the elbow at the C7 distribution and low back and left leg pain associated with numbness. The pain score was rated at 9/10 with medications and 10/10 without medications. Current medications are listed as Hydrocodone, Galise, Trazodone and Ibuprofen. Treatment plan consists of cervical epidural steroid injection (ESI), urine drug screening and the current request for authorization for opioid therapy to manage pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, addiction, sedation, dependency and adverse interaction with sedative medications. The records did not show guidelines required documentation of compliance monitoring of serial UDS, absence of aberrant behavior and functional restoration. There was lack of significant decrease in pain scores with utilization of pain medications. The patient is utilizing sedative medications concurrently. There is lack of documentation of effective treatment of the coexisting depression and psychosomatic symptoms. The criteria for the use of Hydrocodone/APAP 5/325mg #90 was not met. Therefore the request is not medically necessary.

Hydrocodone/Acetaminophen 5/325mg (DNF until 2/22/15) Qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, addiction, sedation, dependency and adverse interaction with sedative medications. The records did not show guidelines required documentation of compliance monitoring of serial UDS, absence of aberrant behavior and functional restoration. There was lack of significant decrease in pain scores with utilization of pain medications. The patient is utilizing sedative medications concurrently. There is lack of documentation of effective treatment of the coexisting depression and psychosomatic disorders. The criteria for the use of Hydrocodone/APAP 5/325mg #90 (DNF until 2/22/2015) was not met. Therefore the request is not medically necessary.