

Case Number:	CM14-0114507		
Date Assigned:	09/16/2014	Date of Injury:	05/15/2003
Decision Date:	10/20/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain, hip pain, leg pain, shoulder pain, elbow pain, and major depressive disorder (MDD) reportedly associated with an industrial injury of May 15, 2003. Thus far, the claimant has been treated with the following: Analgesic medications; opioids therapy; muscle relaxants; topical agents; and adjuvant medications. In a Utilization Review Report dated July 3, 2014, the claims administrator partially certified a request for hydrocodone-acetaminophen, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a July 14, 2014-medical-legal evaluation, a medical-legal evaluator posited that the applicant's issues with diabetes mellitus were industrial in nature. The medical-legal evaluator acknowledged that the applicant had not worked since May 2003. Several medications, including Norco, were apparently sought on a request for authorization form, undated. In an April 24, 2014, progress note, the applicant was asked to continue gabapentin, Naprosyn, Promolaxin, Flexeril, and Dendracin. Protonix was endorsed in lieu of Prilosec, which was reportedly ineffectual. A 7 to 8/10 pain was noted. The applicant stated that earlier epidural steroid injections were not helpful. Continued muscle spasms were reported. The applicant did report issues with Norco-induced constipation, it was stated. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The applicant then posited that the ongoing usage of Norco had proven helpful here in terms of helping the applicant to move around the home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 MG # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain management programs, weaning of medications Page(s): 97, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is no longer working as truck driver and has apparently not worked since 2003. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant's ability to perform household chores is ameliorated as a result of ongoing opioid usage appears to be of marginal to negligible benefit, one which is outweighed by the applicant's failure to return to work here. Therefore, Hydrocodone/Acetaminophen 10/325 MG # 180 is not medically necessary.