

Case Number:	CM14-0140038		
Date Assigned:	09/10/2014	Date of Injury:	03/17/2001
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal 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 patient is a 43 year old male who was injured on 03/17/2001. The mechanism of injury is unknown. The patient is status post thoracic fusion at T3-T10, thoracotomy with decortications and right lower lob resection. Prior medication history included Lunesta 3 mg, Testosterone, Oxycontin, Hydrocodone-APAP 10/325 mg, and Mirtazapine 15 mg. Visit note dated 08/28/2014 indicates the patient was being seen for his cervical spine pain. He reported difficulty breathing with certain positions. The patient has a severe kyphotic spine secondary to a massive trauma. He reported he depends on the medication as it helps him functionally for independent personal hygiene and dressing himself. He had been utilizing Mirtazapine nightly as it helps him sleep for 5 to 6 hours in comparison to 2 hours with Lunesta. On exam, muscle strength is 5/5 in all planes. He had decreased breath sounds noted diffusely and significant kyphosis. The patient was recommended Mirtazapine and Hydrocodone for pain and to aid with sleeping. Prior utilization review dated 08/07/2014 states the request for Mirtazapine (Remeron) 15, mg, QTY: 90 is denied as it does not appear to be medically appropriate (the request was authorized by the Claims Administrator on 9/26/14); and Hydrocodone BIT/APAP 10/325 mg, QTY: 270 is modified to certify hydrocodone BIT/APAP 10/325 mg QTY 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone BIT/APAP 10/325 mg, QTY: 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-96.

Decision rationale: The guidelines recommend chronic opioid therapy for patients who show improved pain control, increased ADLs, no adverse effects, and no aberrant behavior. The patient has been on chronic opioid therapy; however the clinical notes did not justify the ongoing usage. It is unclear if the patient has had significant improvement in functionality and ADLs. Additionally, the patient continues to complain of severe pain. It is unknown when the patient's previous urine drug screen was and if there has been any aberrant behavior. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.