MAXIMUS Federal Services

Case Number:	CM14-0161281		
Date Assigned:	10/06/2014	Date of Injury:	09/11/2003
Decision Date:	11/06/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 injured worker is a 52-year-old female who reported an injury on 09/11/2003. Mechanism of injury was not submitted for review. The injured worker has a diagnosis of pain in joint of lower leg, pain in joint of the ankle foot, degeneration of the cervical disc, cervical spinal stenosis, and cervicobrachial syndrome. Medical treatment consists of medication therapy. Medications include hydrocodone/APAP and morphine. On 02/03/2014, the injured worker underwent a urine drug screen which revealed the injured worker was positive for Tetrahydrocannabinol (THC), not expected result findings. On 08/20/2014, the injured worker complained of cervical spine pain. The injured worker denied any side effects of adverse reactions. There were no objective findings submitted for review. The treatment plan is for the injured worker to continue the use of medication therapy. The rationale was not submitted for review. The Request for Authorization form was submitted on 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Hydrocodone/Acetaminophen Page(s): 78, 91.

Decision rationale: The request for Hydrocodone/APAP 10/325mg #90 is not medically necessary. CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that hydrocodone/acetaminophen was helping with any functional deficits. A urine drug screen, submitted on 02/03/2014, showed that the injured worker was not in compliance with prescription medications. Test results showed inconsistency and were positive for THC. Additionally, the submitted documentation did not submit an assessment showing what pain levels were before, during, and after medication administration. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Exalgo ER 12mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exalgo (hydromorphone), Ongoing Management Page(s): 74-75, 86, 78.

Decision rationale: The request for Exalgo ER 12mg #15 is not medically necessary. California MTUS guidelines Exalgo (hydromorphone) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the Exalgo was helping with any functional deficits. It was noted that the injured worker had no side effects with the medication. A urine drug screen was submitted on 02/03/2014, showing that the injured worker was not in compliance with medications. The injured worker was positive for THC. Additionally, there was no assessment showing what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.