

Case Number:	CM14-0180826		
Date Assigned:	11/05/2014	Date of Injury:	11/08/2012
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old man who sustained a work-related injury on November 8, 2012. Subsequently, the patient developed with chronic back pain. According to a progress report dated on June 4, 2014, the patient was complaining of back pain with a severity rated 6/10 radiating to the right leg, neck pain with a severity rated the 5/10 radiating to the left arm and left shoulder pain. The patient was reported to have occasional spasms and right posterior thigh pain. The patient physical examination demonstrated lumbar and cervical tenderness with reduced range of motion, left shoulder pain with reduced range of motion. The patient was treated with pain medications including opioids without full control of the pain. The patient was diagnosed with cervical strain, lumbar disc herniation and left shoulder rotator cuff syndrome. The provider is requesting authorization to use Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexia (Hydrocodone) 7.5/325 mg, 360 count, provided on September 26, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, she continued to have back and neck pain despite the use of Hydrocodone. There is no objective documentation of pain and functional improvement to justify continuous use of Hydrocodone. There is no documentation of the patient compliance with his medications. There is no recent documentation of signed pain contract. Therefore, the prescription of Anexsia (Hydrocodone) 7.5/325 mg, 360 count, provided on September 26, 2014 is not medically necessary.