

Case Number:	CM15-0171311		
Date Assigned:	09/11/2015	Date of Injury:	02/20/2007
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67-year-old who has filed a claim for chronic neck and upper back pain with derivative complaints of headaches reportedly associated with an industrial injury of February 20, 2007. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for Hydrocodone-homatropine syrup. An August 4, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On August 12, 2015, the claimant reported ongoing complaints of neck and upper back pain with derivative complaints of headaches, 4-5/10. 5/10 pain with medications versus 9/10 pain without medications was reported in one section of the note. In another section of the note, the attending provider stated that the applicant reported "poor pain control at this point." The applicant reported heightened complaints of neck pain and headaches. The attending provider stated that the applicant was using a Hydrocodone-containing cough syrup for pain relief. The attending provider stated that the applicant needed to obtain laboratory testing as the applicant had various issues to include borderline creatinine and borderline diabetes. The applicant was not working, it was acknowledged toward the top of the note. The applicant's social activity level was unchanged, it was reported. In yet another section of the note, the applicant reported 10/10, severe pain complaints. The Hydrocodone-containing cough syrup and Restoril were renewed while the applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Homatropine syrup 5-1.5mg/5ml qty 3600.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Hydrocodone-homatropine, a short-acting opioid cough syrup, was not medically necessary, medically appropriate, or indicated here. The attending provider stated on August 4, 2015 that he intended for the applicant to employ the Hydrocodone-homatropine cough syrup in question for analgesic effect. The request was framed as a renewal request for the same. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines recommends, however, that 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. Here, however, the applicant was off of work, it was reported on August 4, 2015. The applicant's pain complaints were heightened as of that point in time. While the attending provider stated in one section of the note that the applicant's pain scores had been reduced as a result of medication consumption, other sections of the same note stated that the applicant's pain control was poor, that the applicant had had pain complaints, and that the applicant's pain complaints were in the 10/10 range. All of the foregoing, taken together, strongly suggested that the applicant had failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy with the Hydrocodone-homatropine cough syrup in question. Therefore, the request was not medically necessary.