

Case Number:	CM15-0061666		
Date Assigned:	04/07/2015	Date of Injury:	11/22/2010
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury on 11/22/2010. The mechanism of injury was not specified. The injured worker was diagnosed as having right hip fracture, post-operative complication of pulmonary embolus, and right hip pain. Treatment to date has included diagnostics, medications, physical therapy, and home exercises. The progress report dated 12/16/2014, noted right hip pain as unchanged, with a plan to continue Butrans patch (20mcg/hr) and Hydrocodone 5/325mg as directed. Currently, the injured worker complains of hip pain, unchanged. Current medications included Butrans and Hydrocodone (since at least 9/2014). Physical exam noted ambulation with a cane and difficulty with position changes due to pain. Range of motion was decreased in the right hip and strength was 4/5. X-ray of the right hip (1/02/2014) was referenced. Medication refills were included in the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 5-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter -Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months with mention of stable pain control but no consistency in VAS scores. In addition, it was taken in combination of Butrans without indication of addiction to Hydrocodone being mentioned. The continued use of Hydrocodone is not medically necessary.

Butrans 20mcg/hr #8 DS: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter -Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The Butran was used in combination with Norco for several months without consistent documentation of pain scores. As a result, the use of Butrans patches is not medically necessary.