

Case Number:	CM13-0030711		
Date Assigned:	11/27/2013	Date of Injury:	11/14/2007
Decision Date:	02/05/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 physician 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.

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 claimant is a year old female presenting with pain in the cervical, lumbar spine, knees and right shoulder following a work related injury on 11/14/2007. The claimant has tried medications as well as physical therapy, spinal injections and partial knee replacement. The medical records noted that the claimant used analgesics, muscle relaxants and anti-inflammatories with continued progression of her symptoms despite injections. The medical records note that the claimant has been on temporary total disability since 05/21/2011. The claimant's physical exam was significant for antalgic gait at the left lower extremity, forward posture of the cervical spine with tenderness C2-T1 with muscle spasm in the same distribution, compression, traction and spurlings test were positive, palpation of the trapezius noted marked tenderness over the suprascapular nerve, +1 deltoids and biceps on the left, increased lordosis of the lumbar spine with tenderness from L2-S1, left knee revealed tenderness over the medial joint with well-healed incision, peripatellar left. X-ray of the right ankle revealed soft tissue swelling laterally without fracture. MRI of the left shoulder showed degenerative changes of the ac joint and humeral head. MRI of the cervical spine revealed degenerative disc disease in the cervical spine from C3 through C7 most marked at C5/6 and C6/7, left lateral disc bulges at C4/5, C5/6 and C6/7. The claimant was diagnosed with sprain/strain of the cervical spine, lumbar spine, right shoulder, bilateral knees, traumatic arthritis bilateral knees, and post left knee medial compartment joint replacement. A claim was made for pharmacy purchase of hydrocodone-acetaminophen 10-325mg #72 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

hydrocodone-acetaminophen 10mg-325mg #72 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Pharmacy purchase of Hydrocodone-Acetaminophen 10/325 mg #72 with 2 refills for the claimant's chronic pain is not medically necessary per previously cited medical literature and MTUS guidelines on chronic pain medical treatment. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Hydrocodone-APAP is not medically necessary based on the fact that the claimant did not show an improvement in function or return to work with previously prescribed opioids. Additionally, Per MTUS guidelines the claimant who receives long-term opioids is at risk for Opioid Hyperalgesia and other adverse outcomes. It would be in the best interest of the claimant to wean off opioid therapy.