

Case Number:	CM13-0034029		
Date Assigned:	12/06/2013	Date of Injury:	03/29/2007
Decision Date:	07/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine, and is licensed to practice in Pennsylvania. 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 55-year-old gentleman with a date of injury of 03/29/2007. An office visit note by [REDACTED] dated 10/11/2013 identified the mechanism of injury as the worker was lifting a heavy metal part and injured both legs and his back, with subsequent related injuries involving both wrists, hands, the right shoulder, and his psyche as a result. The office visit notes by [REDACTED] dated 08/01/2013 and 08/07/2013, an office visit note by [REDACTED] dated 10/11/2013, and a QME Report by [REDACTED] dated 07/10/2013 indicated the worker was experiencing pain in the lower back that went into his legs, neck pain that went into his arms, headaches related to the neck pain, depression and anxiety, mild numbness in his right fourth and fifth fingers, right shoulder pain, and difficulty walking. The pain intensity and the worker's functional ability remained unchanged by description. Documented examinations consistently recorded decreased motion in the neck, tenderness in the back and right shoulder, pain with raising the right leg, and decreased sensation following the C6 through C8 and the L5 spine nerves. The submitted and reviewed documentation concluded the worker was suffering from a lumbar disc injury, post-lumbar spine surgery syndrome, shoulder pain due to adhesive capsulitis or a torn rotator cuff, cervical sprain/strain with multilevel disc disease, depression and anxiety, wrist sprain, and upper extremity radiculopathy. The reported treatments had included surgery to the lower spine, braces and splints for the worker's back and wrists, injections, chiropractic care, physical therapy, a walker, and medications. The medications for pain included opioids, pregabalin (Lyrica), acetaminophen, an antidepressant, and a benzodiazepine. [REDACTED] note dated 08/07/2013 reported the worker's pain intensity and function remained unchanged after a significant decrease in the doses of the opioid medications one week earlier. The treatment plan indicated the worker's medications would be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 01/325MG, #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

Decision rationale: The California MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow taper of medication is recommended to avoid withdrawal symptoms. The office visit notes by [REDACTED] dated 08/01/2013 and 08/07/2013 and by [REDACTED] dated 10/11/2013 included limited documentation of pain assessments. Further, the reviewed documentation did not describe an overall improvement in the worker's function, pain, or quality of life despite the continued use of opioid medication. [REDACTED] note dated 08/07/2014 instead reported that the worker's pain was unchanged when the doses of opioid medications were significantly decreased. The MTUS Guidelines encourage the consideration of weaning off the medication if the pain does not improve with opioid therapy within three months. For these reasons, the current request for hydrocodone 10/325 mg, #120 is medically necessary in order to provide for weaning off the medication.