

Case Number:	CM13-0041676		
Date Assigned:	12/20/2013	Date of Injury:	12/09/2011
Decision Date:	02/14/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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. 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 47-year-old female with a date of injury 12/09/11. The prescription for hydrocodone 7.5/325 #120 was denied by utilization review letter 10/09/13. The reviewer indicates that the medical necessity was not established and that the patient's function has not been further specified or expressed in terms of functional gains, attributed to continued medication use. Medical records were reviewed from 1/16/13 to 09/23/13. The patient's diagnoses include cervical and lumbar chronic strain, status post right shoulder rotator cuff repair, status post right foot crush injury with residual plantar fascial pain, right upper extremity paresthesias and rule out cubital/carpal tunnel syndrome. Presenting symptoms on 9/23/13 are lumbar spine, right shoulder, right wrist, bilateral foot, right upper extremity and neck pains. The patient is noted to be taking Anexsia 4 tablets a day and reports improvement in her pain levels from 8/10 to a 3/10 on a pain scale. The patient had completed 24 sessions of physical therapy for the right shoulder

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia (hydrocodone 7.5/325) #120 (1-2 tablets by mouth every 6 hours for pain (max 5/day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Use Page(s): 88-89.

Decision rationale: MTUS guidelines indicate that for opioid use, documentation of pain and functional improvement compared to baseline, functioning should be measured at a 6-month interval using a numerical scale of validated instrument. Guidelines also indicate that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain, least reported pain since last assessment, average intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. In this case, the medical records submitted for review do not provide the requirements listed. Although the treating physician documented the before and after pain scale on 9/23/13, no such pain scales were provided previously, and there were no documentation of the patient's specific functional benefits. Given the lack of documentations for patient's significant functional improvement Anexsia is not medically indicated. The request for Anexsia (hydrocodone 7.5/325) #120 (1-2 tablets by mouth every 6 hours for pain (max 5/day) is not medically necessary and appropriate.