

Case Number:	CM13-0043472		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2004
Decision Date:	03/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 51 YO male with date of injury 05/06/04. According to progress report dated 09/12/13 by [REDACTED], the patient presents with upper back, neck and right shoulder pain. He reports increased pain in the right sternoclavicular joint. He is working, and the joint is becoming more painful and is now starting to interfere with his job. Physical examination shows tenderness upon palpation on the left and right soft tissue of the cervical spine. There is a surgical scar on the left anterior cervical region is well healed and neck strength is within normal limits. The patient is negative for Hoffman's reflex bilaterally. Treating physician is requesting refills for Hydrocodone/Acetaminophen 10/325 and MS Contin 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg: Upheld

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 Page(s): 60-61, 88-89.

Decision rationale: This patient presents with upper back, neck and shoulder pain. The treating physician is requesting a refill for Hydrocodone/Acetaminophen 10/325 mg. For chronic opiate use, MTUS guidelines pgs 88, 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Review of reports from 11/16/12 to 11/06/13 does not document numerical assessment of pain/function, the four A's as required by MTUS and any outcome measure as defined above. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, on-going use of this opiate cannot be authorized and the patient should be slowly weaned as outlined in MTUS guidelines. Recommendation is for denial.

MS Contin 60 mg: Upheld

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 Page(s): 60-61, 88-89.

Decision rationale: This patient presents with upper back, neck and shoulder pain. The treating physician is requesting a refill for MS Contin 60 mg. For chronic opiate use, MTUS guidelines pgs 88, 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Review of reports from 11/16/12 to 11/06/13 does not document numerical assessment of pain/function, the four A's as required by MTUS and any outcome measure as defined above. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, on-going use of this opiate cannot be authorized and the patient should be slowly weaned as outlined in MTUS guidelines. Recommendation is for denial.