MAXIMUS Federal Services

Case Number:	CM13-0055936		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2004
Decision Date:	03/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic bilateral hand and arm pain reportedly associated with an industrial injury of July 12, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; short-acting opioids; the apparent imposition of permanent work restrictions. In a Utilization Review Report of October 25, 2013, the claims administrator partially certified hydrocodone and acetaminophen (Norco) for weaning or tapering purpose. The applicant's attorney subsequently appealed. An earlier progress note of October 9, 2013 is notable for comments that the applicant reports heightened pain. The applicant is getting worse over time. The applicant is on Naprosyn, Pamelor, Norco, and Neurontin. The applicant states that these medications reduce pain and improve function. However, it is not clearly stated what functions are ameliorated as a result of ongoing medication usage. 4+/5 upper extremity strength is noted. The applicant is given diagnosis of myofascial pain syndrome, facet arthropathy, degenerative disk disease, and chronic pain syndrome. The applicant is given refills of Pamelor, Norco, and Docuprene. Permanent work restrictions are renewed. It does not appear that the applicant is working with said permanent limitations in place. An earlier note of August 6, 2013 is notable for comments that the applicant is having ongoing 6-7/10 pain. The applicant is on Pamelor, Neurontin, Norco, and Naprosyn. The applicant is having heightened pain complaints, it is stated. The applicant has had increased anxiety, it is further noted. The applicant is also receiving acupuncture and is also contemplating ganglion blocks and a spinal cord stimulator, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE AND ACETAMINOPHEN 10/325 #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and reduced pain affected as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The applicant has seemingly failed to return to work. Permanent work restrictions remain in place, unchanged, from visit to visit. While some sections of the progress note in question suggests that the applicant is achieving analgesia and improvement in terms of performance of activities of daily living as a result of ongoing medication usage, other sections of the note in question state that the applicant is increasingly anxious, is considering a spinal cord stimulator, is having heightened pain, etc. Thus, on balance, the documentation provided seemingly suggests that ongoing Norco consumption has not been beneficial here. Therefore, the request is not certified, on Independent Medical Review.