

Case Number:	CM13-0057940		
Date Assigned:	12/30/2013	Date of Injury:	04/06/2009
Decision Date:	11/05/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 44-year-old female who reported an injury on 04/06/2009. The mechanism of injury was not included. The diagnoses included rotator cuff tendinosis with partial thickness tear and biceps tendinosis. The past treatments included electro-acupuncture. The acupuncture visit note, dated 11/13/2013 (there were no more recent notes provided), noted the injured worker complained of back pain radiating to her right occiput and bilateral upper extremities. She reported chronic low back pain radiating to her bilateral hips without numbness and worsened by flexion. The physical exam noted tenderness to palpation of the posterior neck, right occiput, cervical vertebrae, and lumbar paraspinal muscle with limited range of motion. The medications included Naproxen 550 mg twice daily, Pantoprazole 20 mg 2 daily, Hydrocodone/APAP 5/500 mg 1 daily as needed for pain and Flexeril 7.5 mg one half tablets at bedtime for muscle relaxant. The treatment plan included continuing acupuncture treatments. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/500MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78-80.

Decision rationale: The request for Hydrocodone/Acetaminophen 5/500 mg is not medically necessary. The injured worker was noted to have neck pain and low back pain that radiated to her bilateral upper and lower extremities, on 11/13/2013. There were no more recent notes provided for review. The California MTUS Guidelines recommend opioids as second line treatment of moderate to moderately severe pain and for long term management of chronic pain when pain and functional improvements are measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should be assessed for ongoing management of opioids. There is a gap in the documentation provided from 11/2013 to the present. There is no indication of the injured worker's current condition. There is no indication of current pain or opioid use. There is no indication of assessment of side effects or aberrant drug taking behavior. Additionally, the amount and frequency of the medication requested is not included to determine medical necessity. Due to the lack of documentation provided, the use of Hydrocodone/Acetaminophen is not indicated or supported at this time. Therefore, the request is not medically necessary.