

Case Number:	CM13-0059650		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2001
Decision Date:	04/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 reported an injury on 01/10/2001 due to cumulative trauma while performing normal job duties. The patient developed chronic pain to multiple body parts that was managed with a home exercise program and medications. The patient's most recent physical findings included decreased range of motion of the cervical spine, decreased sensation to light touch in the ulnar nerve distribution. Physical findings of the bilateral elbows documented positive Tinel's test in the elbows, slight decreased sensation in the ulnar nerve distribution of the left hand. Physical findings of the lumbar spine included tenderness to palpation in the paravertebral musculature with limited range of motion secondary to pain and a negative straight leg raising test. Physical findings of the bilateral knees noted the patient had tenderness in the medial joint line and crepitus and pain with range of motion bilaterally. The patient's diagnoses included status post cervical spine fusion, cervical myeloradiculopathy, status post bilateral knee arthroscopies, bilateral knee degenerative joint disease, lumbosacral spine myoligamentous strain/sprain and discogenic pain, and bilateral cubital tunnel syndrome. The patient's treatment plan included continuation of medication usage to include Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested hydrocodone 10/325 mg #60 with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommend the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been taking this medication since at least 10/2012. Clinical documentation fails to provide any evidence that the patient is monitored for aberrant behavior. Additionally, there is no quantitative assessment of pain relief or functional benefit to support the efficacy of this medication. Therefore, continued use would not be indicated. As such, the requested hydrocodone 10/325 mg #60 with 2 refills is not medically necessary or appropriate.