

Case Number:	CM13-0064989		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2012
Decision Date:	04/01/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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:

According to the records made available for review, this is a 60-year-old male with a 4/14/12 date of injury. At the time of request for authorization for Hydrocodone 10/325 mg 1 po tid #90, there is documentation of subjective (left shoulder pain and low back pain) and objective (limited right shoulder range of motion, and positive impingement, Speed's and O'Brien's tests) findings, current diagnoses (lumbago, myalgia and myositis, and rotator cuff syndrome), and treatment to date (Hydrocodone since at least 12/5/12). In addition, medical reports indicate the presence of an opioid contract. There is no documentation of functional improvement with the use of Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg 1 po tid #90: 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 Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as criteria necessary to support the medical necessity of Hydrocodone. ODG identifies that the criteria for use of opioids include documentation of pain and functional improvement and compare to baseline (satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life; and Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument). Within the medical information available for review, there is documentation of diagnoses of lumbago, myalgia and myositis, and rotator cuff syndrome. In addition, given documentation of an opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of ongoing treatment with Hydrocodone since at least 12/5/12, there is no documentation of functional improvement with the use of Hydrocodone. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 10/325 mg 1 po tid #90 is not medically necessary.