MAXIMUS Federal Services

Case Number:	CM14-0100349		
Date Assigned:	09/16/2014	Date of Injury:	03/07/2000
Decision Date:	10/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 Medicine and is licensed to practice in Ohio. 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 56-year-old male with a date of injury of 3/7/2000. He has ongoing neck pain, headaches, and radiation of the pain to the upper extremities. He has been disabled since 2002. His physical exam reveals tenderness to palpation of the paraspinal cervical musculature and the bilateral trapezii where he also has trigger point tenderness, upper extremity sensation is intact, and the straight leg raise test on the left is positive it 80. The diagnoses include previous right shoulder surgery in 2001, cervical facet syndrome, cervical and lumbar radiculopathies, bilateral medial and lateral epicondylitis, bilateral carpal tunnel syndrome, myofascial pain syndrome, attention deficit hyperactivity disorder, and bipolar disorder. The office notes from roughly the last 8 months reveal average pain scores of 7-8/10. The injured worker states that the pain diminishes to 6-7/10 with pain medication and that his activity level increases. A side effect checklist consistently indicates that the pain medication is making him too sleepy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325 mg #120: 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 Opioids Page(s): 74-96.

Decision rationale: The above guidelines state that for those receiving chronic opioid therapy there should be ongoing assessment of analgesia, functionality, adverse medication reactions, and any aberrant drug taking behavior. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids should be discontinued if there is no overall improvement in functionality or there is the presence of intolerable side effects. In this instance, the injured worker's average pain scores have not diminished and in fact have increased over the last 8 months. There is no specific documentation regarding changes in functionality as a consequence of opioid therapy. Additionally, on at least 3 occasions the injured worker has indicated that the pain medication makes him too sleepy. Therefore, Hydrocodone/APAP 10/325 mg #120 is not medically necessary.