MAXIMUS Federal Services

Case Number:	CM14-0101569		
Date Assigned:	07/30/2014	Date of Injury:	06/23/2003
Decision Date:	09/23/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 42 year old female who reported an injury on 06/23/2003. She reportedly suffered a repetitive strain injury. It was noted on 05/15/2014 that she had sprain/strain of the neck, sprain/strain of the thoracic region, and syndrome cervicobrachial. She previously tried physical therapy, acupuncture, a heating pad, and transitioned to a home exercise program. It was noted that she was having a flare up due to increased activity which included doing more manual handwriting at her job. The medications reported on 05/15/2014 included Hydrocodone/APAP 5/325mg t tablet 2-3x daily, Maxfreeze to affected area twice daily, Prilosec 40mg 1 tablet daily, Prozac 20mg 1 tablet daily, and Colace 100mg 1 tablet twice daily. The injured worker used Norco for breakthrough pain and stated her pain would be 7-8/10 without the medication and 2-3/10 with the medication with relief lasting for "several hours". Her last urine drug screen was obtained on 11/27/2013.The treatment plan was for Hydrocodone/APAP 5/325mg. The rationale for request was the physician noted the medication helped the injured worker with breakthrough pain. Request for authorization form was submitted for review on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 5/15/2014: Hydrocodone/APAP 5/325 mg, quantity 24.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 48, 78 and 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: Based on the information submitted for review, the request for Retro date of service 05/15/2014: Hydrocodone/APAP 5/325mg is not medically necessary. As per the Chronic Pain Medical Treatment Guidelines, opioids are seen as an effective method in controlling chronic pain and are often used for breakthrough pain. For continued use, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker reported a repetitive strain injury. She reported shed used Norco for breakthrough pain and stated her pain would be a 7-8/10 without the medication and 2-3/10 with the medication with relief lasting for "several hours". She reportedly was able to type with less pain and for longer periods of time. Her last urine drug screen was 11/27/2013. Furthermore, the injured worker is having a "flare up" due to increased activity at work and at home, she continued to use Hydrocodone/APAP for breakthrough pain and got relief for "several hours", however, documentation failed to show documentation of known side effects of medication. Also, the request lacks information in regards to the frequency of how medication should be taken. As such, the request for Hydrocodone/APAP 5/325mg is not medically necessary.