

Case Number:	CM14-0102461		
Date Assigned:	08/01/2014	Date of Injury:	06/03/1997
Decision Date:	09/03/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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 Pain Management 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 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 64-year-old female who was injured on 06/03/1997 while working. No mechanism of injury was mentioned. She complains of right cervical and right shoulder spasms and pain rated at 5/10. She also complains of right wrist pain worse with prolonged or repetitive use. She takes hydrocodone/acetaminophen 5/325 once daily and reports increased pain with the decreased dose, but is able to continue activities of daily living. Physical exam revealed decreased myofascial spasm, tenderness, and trigger points with twitch signs and pain referrals in the right trapezius, right levator scapulae, right rhomboid, and right supraspinatus muscles. The neurological exam revealed normal motor and sensation except for 3/5 grip. Reflexes were normal. Right Tinel's sign was positive. Diagnoses are: cervical dystonia; myofascial pain syndrome of the neck and bilateral shoulders; cervicogenic pain; bilateral subacromial and bilateral subdeltoid bursitis with bilateral shoulder impingement syndrome; rule out cervical radiculopathy; rule out bilateral median neuropathy, low back pain; bilateral L5 radicular pain; sleep disturbance; and depression due to chronic pain and disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 5/325 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74 Opioids, specific drug list, page 91 Page(s): 74, 91.

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioid, often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen or non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity has not been established based on guidelines and lack of documentation.