

Case Number:	CM14-0121605		
Date Assigned:	08/06/2014	Date of Injury:	04/27/2004
Decision Date:	11/06/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/01/2014

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 & Rehabilitation 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:

This 43 year-old patient sustained an injury to the cervical spine and right shoulder on 4/27/04 when she was attacked by a developmentally disabled adult student while employed by [REDACTED]. Request(s) under consideration include Hydrocodone/ APAP 10/ 325mg #120. The patient continues to treat for diagnoses of chronic pain syndrome; right shoulder impingement syndrome/ adhesive capsulitis/ AC arthritis; cervical degenerative disc disease C5-6; and insomnia from pain. Conservative care has included medications, therapy, acupuncture, trigger point injections, and modified activities/rest. Report of 1/22/14 from the provider noted the patient with persistent neck pain rated at 2/10 and right shoulder pain. Exam showed cervical paraspinal spasm and range of ff/ext of 40/45 degrees; tenderness at right shoulder; otherwise no gross change. Diagnoses included chronic pain syndrome; right shoulder impingement syndrome/ adhesive capsulitis/ AC arthritis; cervical degenerative disc disease C5-6; reflux associated with chronic pain medications; rule out cervical radiculopathy; myofascial pain; and insomnia from pain. Treatment was for medication refills. Reports of 2/28/14 and 6/5/14 from the provider noted the patient with unchanged ongoing persistent neck and shoulder pain rated at 3/10; aggravated by repetitive activities with pain described as dull, achy and burning. Exam was unchanged and showed cervical paraspinal spasm with range of flex/ext/ right side bending and rotation of 60/45/45 degrees respectively; dysesthesia along right C6 dermatomes; spasm at right shoulder musculature with tenderness at AC and glenohumeral joints; range of abd/ff of 100 degrees; strength of 4+/5 in right shoulder abduction. Medications refills included Hydrocodone/APAP, Carisoprodol, Esxopiclone, and Lunesta. Hydrocodone/APAP of 10/325 mg of #120 was prescribed for 6/4/14, 3/28/14, 2/28/14, 2/4/14, and 1/5/14. The request(s) for Hydrocodone/ APAP 10/ 325mg #120 was modified for weaning on 7/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #110: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: This 43 year-old patient sustained an injury to the cervical spine and right shoulder on 4/27/04 when she was attacked by a developmentally disabled adult student while employed by [REDACTED]. Request(s) under consideration include Hydrocodone/APAP 10/ 325mg #120. The patient continues to treat for diagnoses of chronic pain syndrome; right shoulder impingement syndrome/ adhesive capsulitis/ AC arthritis; cervical degenerative disc disease C5-6; and insomnia from pain. Conservative care has included medications, therapy, acupuncture, trigger point injections, and modified activities/rest. Report of 1/22/14 from the provider noted the patient with persistent neck pain rated at 2/10 and right shoulder pain. Exam showed cervical paraspinal spasm and range of ff/ext of 40/45 degrees; tenderness at right shoulder; otherwise no gross change. Diagnoses included chronic pain syndrome; right shoulder impingement syndrome/ adhesive capsulitis/ AC arthritis; cervical degenerative disc disease C5-6; reflux associated with chronic pain medications; rule out cervical radiculopathy; myofascial pain; and insomnia from pain. Treatment was for medication refills. Reports of 2/28/14 and 6/5/14 from the provider noted the patient with unchanged ongoing persistent neck and shoulder pain rated at 3/10; aggravated by repetitive activities with pain described as dull, achy and burning. Exam was unchanged and showed cervical paraspinal spasm with range of flex/ext/ right side bending and rotation of 60/45/45 degrees respectively; dysesthesia along right C6 dermatomes; spasm at right shoulder musculature with tenderness at AC and glenohumeral joints; range of abd/ff of 100 degrees; strength of 4+/5 in right shoulder abduction. Medications refills included Hydrocodone/APAP, Carisprodol, Esxopiclone, and Lunesta.

Hydrocodone/APAP of 10/325 mg of #120 was prescribed for 6/4/14, 3/28/14, 2/28/14, 2/4/14, and 1/5/14. The request(s) for Hydrocodone/ APAP 10/ 325mg #120 was modified for weaning on 7/3/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance.

The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Hydrocodone/ APAP 10/ 325mg #120 is not medically necessary and appropriate.