

Case Number:	CM14-0122601		
Date Assigned:	08/06/2014	Date of Injury:	03/28/2011
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 39-year-old female with an injury date of 03/28/11. Based on the 06/23/14 progress report provided, the patient presents with significant neck and back pain, as well as bilateral hip pain. Physical examination reveals the following: cervical spine: paraspinal muscles are tender, spasm is present, and range of motion is restricted; shoulders, range of motion is decreased on flexion and abduction bilaterally with positive bilateral impingement; lumbar spine: paraspinal muscles are tender, spasm is present; and hips: greater trochanters are tender to palpation. The following diagnostic impressions are noted on the same report, which includes headache, cervical sprain, x-ray of spine, observation and evaluation for suspected conditions not elsewhere classified, lumbar radiculopathy, and shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5-325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60-61.

Decision rationale: According to MTUS Guidelines, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, while the treating physician provides a general statement that Norco reduces pain and undergo activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request for Hydrocodone 5-325mg #90 with 3 refills is not medically necessary and appropriate.