

Case Number:	CM14-0157031		
Date Assigned:	09/30/2014	Date of Injury:	10/20/2011
Decision Date:	11/14/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/25/2014

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 Alabama. 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 50 year old male who was injured on 10/20/2011. The mechanism of injury is unknown. Prior treatment history has included Hydrocodone, Naproxen, Gabapentin, chiropractic therapy, and physical therapy. Toxicology report dated 02/17/2014 and 03/10/2014 detected the presence of Hydrocodone. Toxicology report dated 05/07/2014 and 06/16/2014 did not detect hydrocodone. Ortho evaluation dated 07/01/2014 states documented the patient to have complaints of neck pain radiating to the left upper extremity. He reported he had minimal relief of his symptoms with physical therapy and anti-inflammatories. He rated his pain as an 8/10. Cervical spine range of motion was normal. Range of motion of the upper extremity revealed shoulder flexion to 180 bilaterally; shoulder extension to 50 degrees bilaterally; shoulder abduction 180 degrees; and shoulder abduction 50 degrees bilaterally; shoulder rotation internally and externally was 90 degrees bilaterally. The patient is diagnosed with double crush syndrome with a combination of cervical radiculopathy and carpal tunnel syndrome. The patient was recommended to continue with Hydrocodone 7.5/325 mg. On 07/21/2014 the patient was noted to have no change in symptoms. He rated his pain as a 4-6/10 without medication and is reduced to 3/10 with medications. Prior utilization review dated 09/09/2014 states the request for Hydrocodone 7.5/325mg #60 MED=30 is modified to certify Hydrocodone 7.5/325 mg #60 to allow for weaning to discontinue over a period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325 mg #60 MED=30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, When to discontinue

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The above MTUS guidelines for ongoing opioid management states "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant... 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, there is inadequate documentation of the 4 A's as indicated above. Note from 7/21/14 states "pain is reduced to 3, with medications only... provided for Hydrocodone/APAP... to reduce pain and increase activities of daily living." This statement does not demonstrate that the patient is having functional improvement in itself; there is no documentation of functional improvement in the note. In addition, toxicology from 5/7/14 and 6/6/14 do not show any detection of Hydrocodone which is not consistent with the current prescription and plan, and there is no explanation to the reason behind this. Finally, there is no documentation of adverse side effects. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.