

Case Number:	CM14-0161184		
Date Assigned:	10/06/2014	Date of Injury:	12/03/2013
Decision Date:	11/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/01/2014

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, 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 45-year-old female with an injury date of 03/10/2013. According to the 04/17/2014 progress report, the patient complains of cervical spine pain which she rates as a 4/10. She also has right shoulder pain which she rates as a 6/10 and elbow and wrist pain which she rates as a 6/10. She has limited range of motion. The 02/18/2014 report indicates that the patient is tender to palpation of the anterior shoulder and has a decreased strength of the right arm and hand. The patient is diagnosed with right shoulder sprain. The utilization review determination being challenged is dated 05/08/2014. Treatment reports were provided from 10/23/2013 - 08/04/2014. Some of the reports provided were illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325 mg #90 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents pain and weakness in his lower back and legs. The request is for Hydrocodone/ ASAP 2.5/325mg #90. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six month, and page 78 requires documentation of the 4A's (analgesia, activities of daily living (ADLs), adverse side effects, adverse behavior). Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Hydrocodone or how Hydrocodone has been helpful in terms of decreased pain or functional improvement. In addition, MTUS guidelines do not recommend Hydrocodone/Acetaminophen more than 4g/day. The request is not medically necessary.