

Case Number:	CM14-0023263		
Date Assigned:	07/16/2014	Date of Injury:	10/18/2002
Decision Date:	08/14/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 47 year old female with date of injury 10/18/2002. The mechanism of injury is not stated in the available medical records. The patient has complained of wrist pain, hand pain, right shoulder pain, lower back pain and bilateral lower extremity since the date of injury. She has been treated with surgery, an intrathecal pain pump, physical therapy and medications. MRI of the right shoulder performed 02/2007 revealed a full thickness tear in the distal anterior supraspinatus tendon and possible labral tear. Objective: decreased range of motion of the right shoulder, decreased and painful range of motion of the lumbar spine, antalgic gait. Diagnoses: chronic lower back pain, degenerative disc disease of the lumbar spine, status post right shoulder surgery. Treatment plan and request includes Hydrocodone and Dulcolax.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/325 MG QUANTITY 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Page(s): 76-85, 88-89.

Decision rationale: This 47 year old patient has complained of wrist pain, hand pain, right shoulder pain, lower back pain and bilateral lower extremity since date of injury 10/18/2003. She has been treated with surgery, an intrathecal pain pump, physical therapy and medications to include opioids since at least 06/2013. The current request is for Hydrocodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone 5/325 is not indicated as medically necessary.

DULCOLAX 10 MG QUANTITY 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.UpToDate.com.

Decision rationale: This 47 year old patient has complained of wrist pain, hand pain, right shoulder pain, lower back pain and bilateral lower extremity since date of injury 10/18/2003. She has been treated with surgery, an intrathecal pain pump, physical therapy and medications. The current request is for Dulcolax. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Senna. On the basis of this lack of documentation, Senna is not indicated as medically necessary.