MAXIMUS Federal Services

Case Number:	CM14-0023956		
Date Assigned:	06/20/2014	Date of Injury:	03/14/2013
Decision Date:	08/04/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

According to the records made available for review, this is a 42-year-old female with a 3/14/13 date of injury. At the time (2/12/14) of request for authorization for Hydrocodone 5mg/Acetaminophen 325mg tablet #60 there is documentation of subjective (neck pain, right shoulder pain, lower back pain, and left elbow pain) and objective (tenderness and decreased range of motion with guarding on right shoulder, neck, and lower back) findings, current diagnoses (cervical spine stenosis, lumbar spinal stenosis without neurogenic claudication, shoulder adhesive capsulitis, and fibromyalgia/myofascial pain), and treatment to date (medications (including Hydrocodone/Acetaminophen and analgesics), acupuncture, and physical therapy). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions or an increase in activity tolerance as a result of Hydrocodone /Acetaminophen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5MG/ACETAMINOPHEN 325MG TABLET, 1 PO BID PRN PAIN #60 X 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine stenosis, lumbar spinal stenosis without neurogenic claudication, shoulder adhesive capsulitis, and fibromyalgia/myofascial pain. In addition, there is documentation of ongoing treatment with Hydrocodone/Acetaminophen. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions or an increase in activity tolerance as a result of Hydrocodone/Acetaminophen use to date. Therefore, based on the guidelines and a review of the evidence, the request for Hydrocodone 5mg/Acetaminophen 325mg tablet #60 is not medically necessary.