

Case Number:	CM14-0024781		
Date Assigned:	06/16/2014	Date of Injury:	10/05/2009
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational 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:

The patient is a 46 year old female who was injured on 10/05/2009. She sustained an injury to her right and left shoulder, elbow, wrist, back, right and left hip when she fell off a ladder. Prior treatment history has included acupuncture and aqua therapy. The Urine Drug Screen (UDS) report dated 07/24/2013 detected positive results for Gabapentin, Hydrocodone, Hydromorphone, and Cyclobenzaprine which are consistent with prescription therapy. The UDS report dated 06/19/2013 detected positive results for gabapentin, hydrocodone and Hydromorphone which are consistent with prescription therapy. Diagnostic studies reviewed include MRI of the left elbow performed on 05/28/2013 revealed swelling indicative of tendinosis of the common extensor tendon, ligaments were normal. Progress report dated 02/05/2014 indicated the patient complained of constant, moderate, dull sharp pain which is aggravated by looking up, looking down and prolonged walking. She rated her lumbar spine pain as a 6/10. Her right shoulder and right knee revealed intermittent, dull, achy, stiffness and weakness associated with repetitive motions and prolonged standing and walking. Objective findings on exam revealed 3+ tenderness to palpation of the cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. Cervical compression is positive. The lumbar spine revealed trigger point of paraspinals present at the lumbar spine. There is decreased range of motion with pain. Range of motion exhibits flexion to 20; flexion to 55; and lateral bending to 20 bilaterally. There is 3+ tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Kemp's cause pain bilaterally. Straight leg raise is positive bilaterally. The right shoulder reveals decreased range of motion and pain. Range of motion exhibited abduction to 50; adduction to 20; extension to 40; external rotation and flexion to 90; and internal rotation to 65. There is 3+ tenderness to palpation of the anterior shoulder, lateral shoulder, posterior shoulder, and supraspinatus.

Supraspinatus press is positive. Diagnoses are cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar disc protrusion, lumbar radiculopathy, lumbar sprain/strain; right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain; right knee internal derangement and right knee sprain/strain. Prior utilization review dated 02/11/2014 states the request for narcotic medication hydrocodone 5/500(60 tablets) is not certified as there is a lack of documented functional improvement with ongoing use of addictive opioids. There is no pain contract on file as well as a lack of documented attempts to discontinue the opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARCOTIC MEDICATION HYDROCODONE 5/500(60 TABLETS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend short-acting opioids such as hydrocodone for the treatment of breakthrough pain for patients with chronic pain under certain circumstances. The patient has had extensive work-up and treatment since her injury. She is prescribed opioids on a chronic basis for the treatment of chronic musculoskeletal pain including the neck, back, shoulders, and knees. Provided medical records do not document clinically significant functional improvement or pain reduction attributable to use of hydrocodone. Hydrocodone has not led to a reduction in dependency on medical care. Therefore, the request for narcotic medication hydrocodone 5/500, 60 tablets is not medically necessary and appropriate.