

Case Number:	CM14-0040942		
Date Assigned:	06/27/2014	Date of Injury:	01/24/2012
Decision Date:	08/26/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas, and Oklahoma. 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 injured worker is a 54-year-old male who reported an injury on 01/24/2012. The injury reportedly occurred when he fell from a ladder. He was diagnosed with chronic pain syndrome. His past treatments were noted to include medications, epidural steroid injections, participation in a home exercise program, and physical therapy. His surgical history included a left shoulder arthroscopic subacromial decompression and distal clavicle resection on 01/24/2014. On 02/05, 2014, the injured worker presented with complaints of low back pain with radiation down the left lower extremity, pain in the left shoulder, pain in the left elbow, pain in the left wrist, anxiety and depression, and constipation. He indicated that his pain was rated 7/10 at that visit; his worst pain was 9/10; his least pain was 6/10; and his average pain was 7/10. He also indicated that his sleep pattern had worsened; his functionality had remained the same; and his medication usage had increased since the previous visit. On physical examination, he was noted to have decreased range of motion of the left shoulder, tenderness to palpation over the lumbar facets, piriformis tenderness bilaterally, and slightly diminished sensation over the anterolateral aspect of the left leg and posterior aspect of the left leg. His medications were noted to include tramadol, Norco, and aspirin. The treatment plan included medication refills, the initiation of Senna to treat constipation, and physical therapy. It was noted that Norco was being request for continuation for pain as he had not displayed any drug-seeking or addictive behaviors. It was also noted that he had reported constipation from Norco use, and was to be treated; he had a narcotic agreement in place; pill counts were completed every visit; and urine toxicology screening was done at regular intervals. However, the results from a recent urine toxicology report were not submitted. It was noted that Norco was being request for continuation for pain as he had not displayed any drug-seeking or addictive behaviors. It was also noted that he had reported constipation from

Norco use, and was to be treated; he had a narcotic agreement in place; pill counts were completed every visit; and urine toxicology screening was done at regular intervals. However, the results from a recent urine toxicology report were not submitted. The Request for Authorization form was submitted on 03/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page Page(s): 78.

Decision rationale: The request for Hydrocodone 10/325mg #60 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker had been utilizing Hydrocodone since 01/2013. The documentation did indicate that he had not shown signs of aberrant drug-taking behavior and urine drug screening was done at regular intervals. However, the results of his most recent urine drug screen were not provided for review. In addition, he was noted to complain of constipation from Norco use, and he was not noted to have a significant decrease in his pain level. His medications was rated at 7/10 pain scale on patients visit of 02/04/2014 visit, and it was also indicated that his medication usage had increased. It was also noted that he had not had improved function since his previous visit. Based on the lack of documentation showing efficacy of the Hydrocodone, specifically in pain relief and increased function, and in the absence of documentation showing consistent results on his most recent urine drug screen, the ongoing use of Hydrocodone is not supported. As such, the request for continued use of Hydrocodone 10/325 is not medically necessary and appropriate.