

Case Number:	CM14-0042400		
Date Assigned:	06/30/2014	Date of Injury:	05/21/2011
Decision Date:	08/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 applicant has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a handwritten progress report of March 5, 2013, the applicant was seemingly placed off of work. The applicant was described as using both the Ultram (tramadol) and tizanidine at that point in time. Trigger point injections were apparently performed in the clinic setting on this date. On April 12, 2013, the applicant was described as currently unemployed, and was using tramadol and tizanidine at this point in time. The applicant reported persistent complaints of 1/10 with medications and 5-6/10 pain without medications. In a subsequent progress note of April 25, 2014, the applicant reported persistent complaints of pain, depression, stress, and anxiety. The applicant reported constant neck, upper back, and lower back pain. The applicant collectively rated his pain and depression at 6/10. The applicant stated that pain and discomfort were impacting his general activities and enjoyment of life. It was acknowledged that the applicant was not working. The applicant was given trigger point injections in the clinic setting. Naprosyn, Prilosec, and Remeron were endorsed while the applicant was again placed off of work. On February 28, 2014, the applicant was given Naprosyn, Prilosec, and Norco in the clinic setting. The attending provider stated, through preprinted commentary, that the applicant's ability to function would be significantly improved with medications. The applicant was then placed of work. The attending provider then stated, in other sections of the progress note, that the applicant's pain and discomfort were moderately impacting his enjoyment of life, ability to interact with others, and general activities. It was stated that the applicant had diminished grip strength about the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hydrocodone/APAP 2.5/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is consistently described as disabled and unemployed. While the attending provider has stated in some progress notes that he expects the applicant's ability to function will be improved with Norco, other sections of the same note stated that the applicant is limited in his ability to interact with others, has difficulty concentrating, and has issues with pain limiting his ability to perform various activities of daily living. While this could, in part, represent a function of the applicant's mental health issues, it does suggest that ongoing usage of hydrocodone-acetaminophen, an opioid, has failed to produce requisite improvements in pain and/or function needed to justify continuation of the same. Therefore, the Retro Hydrocodone/APAP 2.5/325MG #120 is not medically necessary.