

Case Number:	CM14-0048127		
Date Assigned:	07/02/2014	Date of Injury:	02/22/2010
Decision Date:	08/01/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 Management 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 52-year-old male with a 1/1/92 date of injury. At the time (3/25/14) of request for authorization for Hydrocodone/APAP 7.5.750mg #60, there is documentation of subjective (neck pain, back pain, numbness of upper extremities, left knee pain, left lower extremity pain, and bilateral shoulder pain) and objective (limited cervical and lumbar range of motion with pain, straight leg raising positive bilaterally, limited range of motion of bilateral shoulders and left hip, swollen left knee and thin left lower extremity) findings, current diagnoses (chronic cervicothoracic musculoligamentous strain/sprain injury with radiculopathy, chronic strain/sprain injury of both shoulders with impingement syndrome bilaterally, chronic thoracolumbar and lumbar musculoligamentous sprain/strain with radiculopathy, and chronic strain/sprain injury of left knee), and treatment to date (medications (including ongoing treatment with Hydrocodone/APAP 7.5.750mg)). 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 as well as functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP 7.5.750mg use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5.750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS: 2010 Revision, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: 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. 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 chronic cervicothoracic musculoligamentous strain/sprain injury with radiculopathy, chronic strain/sprain injury of both shoulders with impingement syndrome bilaterally, chronic thoracolumbar and lumbar musculoligamentous sprain/strain with radiculopathy, and chronic strain/sprain injury of left knee. 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, given documentation of ongoing treatment with Hydrocodone/APAP 7.5.750mg, there is no documentation 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 as a result of Hydrocodone/APAP 7.5.750mg use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 7.5.750mg is not medically necessary.