

Case Number:	CM14-0080180		
Date Assigned:	07/18/2014	Date of Injury:	06/01/1991
Decision Date:	09/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51-year-old female with a work injury dated 6/1/91. The diagnoses include myalgia and myositis; shoulder impingement; carpal tunnel syndrome, Fibromyalgia. Under consideration is a request for Hydrocodone /APAP 10/325 mg #120. There is a primary treating physician report dated 7/2/14 that states that there has been no significant improvement since the last exam. She continues to have upper body aches and pains as well as neck and back pain. She also has fibromyalgia pain. She takes medication for pain around the clock. The documenting physician states that it would be in her best interest to get Butrans patches which are time released. Without medication, the patient cannot function nor do activities of daily living. On exam there is a positive impingement sign bilaterally. The patient still has decreased range of motion of the shoulder. There is a well-healed scar over the medial aspect of the right elbow. Tinel's sign is positive. Range of motion is decreased. The patient is not able to full extend the right elbow. There is a well-healed scar over the left wrist. Joint lines are tender to palpation. Tinel's sign and Phalen's test are positive bilaterally. The knee joint lines are tender to palpation. McMurray's test is positive bilaterally. The treatment plan states that the patient to continue taking medications as before. There are requests for refills of Butrans 10 Mcg/hr Patch and Hydrocodone (Norco) -APAP 10-325 Tablets. Per documentation in review #1080288, the provider's request for 1 prescription for Hydrocodone/APAP 10/325mg #120 was modified to #90 for the purposes of safely tapering the patient from current opioid consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /APAP 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines the documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation indicates that the patient has been on Hydrocodone/APAP long term. The documents indicate prior utilization reviews recommended weaning Hydrocodone/APAP. There is no indication that the pain medication has improved patient's pain or functioning to a significant degree therefore Hydrocodone/APAP is not medically necessary. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for Hydrocodone /APAP 10/325 mg #120 is not medically necessary.