

Case Number:	CM14-0089970		
Date Assigned:	07/23/2014	Date of Injury:	02/01/2010
Decision Date:	11/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 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:

The injured worker is a 57-year-old female with a date of injury on 2/1/2010. The listed diagnoses are: bilateral upper extremity overuse syndrome, bilateral carpal tunnel syndrome, chronic regional pain syndrome-right upper extremity, chronic pain, bilateral shoulder pain, thoracic pain, and depressive disorder. Reported treatment to date has consisted of activity modifications, oral analgesics (opiate and nonsteroidal anti-inflammatory drugs), muscle relaxants, and antiepileptic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 78-81, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment, Hydrocodone/Acetaminophen, Page(s): 88, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Pain Treatment Agreement and Specific Drug List

Decision rationale: The American College of Occupational and Environmental Medicine guidelines do not apply to this request, therefore the Official Disability Guidelines and the

California Chronic Pain Medical Treatment Utilization Schedule guidelines have been applied. Although the use of hydrocodone is recommended with documented failure of other first line analgesics, chronic use required documentation of evaluation of function as a result of the use of opioid analgesics, monitoring for adverse effects, medication abuse, misuse or diversion by means of pill counts, urine toxicology screening and use of the of the California Controlled Substance Utilization Review and Evaluation System. Upon review of the submitted clinical notes, the injured worker has been treated with hydrocodone for at least 12 months and documentation of an opioid agreement is absent as is documentation regarding ongoing monitoring for effectiveness of treatment, adverse effects or aberrant behavior. Therefore, the medical necessity criteria have not been met.