

Case Number:	CM14-0101692		
Date Assigned:	07/30/2014	Date of Injury:	04/13/2010
Decision Date:	01/07/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 Interventional Spine, 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 patient is a 60 year old male with an injury date of 04/13/10. Based on 05/21/14 progress report, the patient complains of persistent pain in left shoulder, neck, and low back radiating to the left lower extremity. The pain is rated at 7/10. Physical examination reveals tenderness to palpation in the cervical paraspinals. There is decreased range of motion in the left shoulder joint in all directions. The patient is also experiencing decreased forward flexion of the cervical spine due to muscle spasticity. The patient has had multiple injections in the left shoulder, low back, and neck; physical therapy; acupuncture; and low-level laser therapy, as per progress report dated 04/09/14. Medications, as per progress report dated 03/06/14, included Norco and Cyclobenzaprine. Patient is also relying on home-based exercises and stretching to overcome the pain, as per the same progress report. Patient's work status has been determined as totally temporarily disabled until 06/21/14, as per progress report dated 05/21/14. Diagnoses, 05/21/14: 1) Chronic pain syndrome, 2) Myofascial pain syndrome, 3) Cervical radiculopathy, 4) Lumbar spondylosis, 5) Cervical spondylosis, 6) Arthropathy of shoulder, 7) Lumbar radiculopathy. The treater is requesting for Hydrocodone / APAP TAB 7.5 - 325 mg Days 30 # 60. The utilization review determination being challenged is dated 06/17/14. The rationale was "If patient continues to have pain, one would suggest somewhat more aggressive measures to deal with pain management rather than long term chronic narcotic use." Treatment reports were provided from 03/06/14 - 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP TAB 7.5-325 MG DAYS 30, # 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 CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 78.

Decision rationale: This patient presents persistent pain in left shoulder, neck, and low back radiating to the left lower extremity. The pain is rated at 7/10, as per progress report dated 05/21/14. The request is for Hydrocodone / APAP Tab 7.5 - 325 Mg Days 30 # 60. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the first prescription of Norco was noted in progress report dated 03/06/14. In progress report dated 05/21/14, the treater states that "His current medication regimen is helpful in decreasing his symptoms; however, he is still experiencing significant levels of pain and has failed to respond to therapies up to this point." The progress reports do not discuss how hydrocodone reduces pain and promotes activities of daily living in the patient. There are no pain scales indicating the reduction in pain before and after opioid treatment. No urine drug screen reports can be found. The four A's, including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request is not medically necessary.