MAXIMUS Federal Services

Case Number:	CM14-0127964		
Date Assigned:	08/15/2014	Date of Injury:	07/09/2009
Decision Date:	03/09/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male with a date of injury as 07/09/2009. The cause of the injury was not included in the documentation received. The current diagnoses includes cervical, thoracic, and lumbar fasciitis, bilateral shoulder impingement, and bilateral elbow, wrist, third finger, and knee pain. Previous treatments include topical and oral medications, left knee injection, epidural steroid injections, right hand surgery, and acupuncture. Primary treating physician's reports dated 01/28/2014 through 05/23/2014, secondary treating physician reports dated 02/13/2014 and 05/14/2014, laboratory evaluation dated 02/07/2014, urine drug screening dated 03/07/2014 through 05/23/2014, and an initial comprehensive internal medicine consultation dated 02/07/2014 were included in the documentation submitted for review. Report dated 05/23/2014 noted that the injured worker presented with complaints that included cervical, thoracic, and lumbar spine pain, bilateral shoulder, wrist, elbow, hand, third finger, and knee pain. Physical examination revealed Kemp and Straight leg raise testing was positive bilaterally, tenderness in the paraspinal region, and improvement in range of motion was noted. Documentation indicates that the current regimen of treatment has helped to provide pain relief and has showed functional improvement, but a detailed evaluation of the improvements was not provided for review. The length of time that the injured worker has been prescribed hydrocodone was not provided. The injured worker is on modified work restrictions. The utilization review performed on 07/18/2014 modified a prescription for hydrocodone for the purpose of weaning based on the lack of functional improvement. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325mg #90 (for the purpose of weaning to discontinue): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG-TWC Pain, when to discontinue Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain in cervical spine at 6/10, thoracic spine at 7/10, lumbar spine at 8/10, bilateral shoulder, elbow and wrist pain at 6/10, right hand and 3rd finger pain is rated at 8/10, left hand and 3rd finger pain rated at 6/10, right knee pain is rated at 6/10, and left knee pain at 8/10, as per progress report dated 05/23/14. The request is forHYDROCODONE APAP 2.5/325 mg # 90. The patient has been allowed to return to modified work with restrictions, as per the same progress report.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, a prescription for Hydrocodone was noted only in progress report dated 05/23/14. None of the prior reports document medications or discuss their impact. Hence, it is not clear when the patient started using Hydrocodone. The progress reports do not document any change in pain scale. Although progress report dated 05/23/14, states that the patient has been allowed to return to modified work, the treater does not use any other validated instrument to show significant functional improvement and no outcome measures are provided. While UDS report dated 05/23/14 is consistent with Hydrocodone use, no CURES reports have been provided for review. There is no discussion about side effects as well. MTUS requires clear discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued Hydrocodone use. This request IS NOT medically necessary.