

Case Number:	CM14-0166084		
Date Assigned:	10/13/2014	Date of Injury:	03/09/1998
Decision Date:	04/02/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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: Internal Medicine

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 64 year old female, who sustained an industrial injury on 3/9/1998. She has reported neck and right shoulder pain. The diagnoses have included cervical spondylosis without myelopathy and pain the shoulder joint. Magnetic Resonance Imaging (MRI) from 3/29/2005 revealed central protrusion C2-3 and C6-7 with annular fissure versus tiny protrusion C5-6. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, cervical collar, Toradol injections, physical therapy, acupuncture treatment, and epidural steroid injection to cervical spine. Currently, the IW complains of neck pain resolved with prior epidural steroid injection completed 9/23/14. On 9/29/14, the physical examination documented no acute findings. There was continued decreased sensation along C8 distribution of the right arm. The medical records indicated that the Hydrocodone/APAP was changed on the 8/15/14 office visit to Norco due to inadequate pain relief with the Hydrocodone/APAP. On 9/11/2014 Utilization Review non-certified a retrospective review of Hydrocodone/APAP 10/325mg from date of service 8/6/14, noting the medical records failed to document functional improvement with use. The MTUS Guidelines were cited. On 10/8/2014, the injured worker submitted an application for IMR for a retrospective review of Hydrocodone/APAP 10/325mg from date of service 8/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg DOS: 8/6/14 QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 47-48, 181-183, 212-214, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and shoulder conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and shoulder conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The urine drug screen dated 4/16/14 was positive for Methadone metabolite and Oxycodone, which is inconsistent and potentially aberrant. Per MTUS, immediate discontinuation has been suggested for evidence of illegal activity including diversion. The request for Norco 10/325 mg is not supported by MTUS and ACOEM guidelines. Therefore, the request for Hydrocodone / APAP 10/325 mg # 120 is not medically necessary.