

Case Number:	CM14-0180055		
Date Assigned:	11/04/2014	Date of Injury:	04/24/2007
Decision Date:	04/21/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63-year-old male, who sustained an industrial injury on April 24, 2007. The injured worker had reported right shoulder, upper back and bilateral knee pain. The diagnoses have included shoulder pain, bilateral arthritis of the knees, status post right shoulder replacement and right carpal tunnel syndrome. Treatment to date has included medications, radiological studies, right shoulder surgery and bilateral carpal tunnel surgery. Current documentation dated September 15, 2014 notes that the injured worker reported stabbing right shoulder pain and bilateral knee pain. The right shoulder pain was rated a seven out of ten on the Visual Analogue Scale. No detailed physical examination was noted. The treating physician's plan of care included a request for Hydrocodone/APAP and Prochlorper.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10-325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for a year in combination with Fentanyl (Duragesic). The pain level was relatively high at 7/10 without adequate history of pain response documentation to medications. There was no mention of a weaning attempt or failure of Tylenol for breakthrough pain. The continued use of Hydrocodone is not medically necessary.

Prochlorperazine Tab 10mg Supply: 30 QTY: 120 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - pain chapter, page 14.

Decision rationale: In this case, the claimant had been on Prochlorperazine for several months to manage nausea related to opioids. According to the guidelines, anti-emetics for opioid related use is not recommended. In addition, long-term and continued use of opioids were not justified as noted above and continued use with 10 yrs of refills is not medically necessary.