

Case Number:	CM14-0191756		
Date Assigned:	11/25/2014	Date of Injury:	08/07/2012
Decision Date:	01/12/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Pain Management, 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 47 year old female with an injury date of 08/07/12. Based on 09/15/14, the patient complains of cervical pain rated at 5/10; left shoulder pain, 7/10; burning thoracic pain, left greater than right, 5/10; and left greater than right upper extremity pain rated at 5/10. Physical examination reveals tenderness to palpation in the left shoulder at the anterior aspect and the AC joint. The range of motion is limited. Physical examination of the cervical spine reveals flexion at 50% of normal, extension at 40% of normal, left and right rotation at 40% of normal, and left and right lateral tilt at 40% of normal. Physical examination, as per progress report dated 08/25/14, shows atrophy of the left deltoid musculature as well. Current medications, as per progress report dated 09/15/14, include Tramadol, Hydrocodone, Naproxen, Pantoprazole, Ambien and Cyclobenzaprine. The patient's work status includes some restrictions against repetitive forceful gripping and grasping activities, as per AME report dated 06/26/14. MRI of the Left Shoulder, 07/30/14, as per progress report dated 08/25/14: Acromioclavicular osteoarthropathy and bursitis. Diagnoses, 09/15/14:- Left shoulder acromioclavicular osteoarthropathy and bursitis.- Left thoracic pain.- Cervical myofascial pain. The treator is requesting HYDROCODONE 10/325 mg QUANTITY 60. The utilization review determination being challenged is dated 10/14/14. The rationale was "Guidelines do not recommend short acting opioids for chronic pain." Treatment reports were provided from 05/05/14 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

Decision rationale: The patient presents with cervical pain rated at 5/10; left shoulder pain, 7/10; burning thoracic pain, left greater than right, 5/10; and left greater than right upper extremity pain rated at 5/10., as per progress report dated 05/21/14. The request is for Hydrocodone 10/325 mg quantity 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 patient is taking two opioid medications Tramadol and Hydrocodone. While Tramadol is being prescribed consistently at least since progress report dated 05/05/14, the first prescription for Hydrocodone was noted in progress report dated 07/28/14. In progress report dated 09/15/14, the treater states that Tramadol "decreases pain level an average of 4 points on a scale of 10." Regarding Hydrocodone, the treater states that the patient consumes the medication for "breakthrough pain" only with Tramadol. The treater also states in the same progress report that "Patient indicates that ADL's are maintained with medication including shopping for groceries, very lite household duties, preparing food, grooming, bathing. Recalls times when ADL's were in jeopardy prior to current medication dosing with examples." Urine drug screen, dated 07/28/14, was consistent. The treater also states in the same progress report that "No side effects with Hydrocodone 10 mg at current decreased dosing, as now consumes sparingly for 'breakthrough' pain only." Since, four A's, including discussions regarding analgesia, specific ADL's, adverse reactions, and aberrant behavior, are specifically addressed, the request is medically necessary.