

Case Number:	CM14-0194528		
Date Assigned:	12/02/2014	Date of Injury:	12/02/2010
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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 and 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 41 year old female with an injury date of 12/02/10. Based on the 03/13/14 progress report, the patient complains of numbness in her hand when she raises her hand above her head, uses her cell phone, or shampoos her hair. While the patient was in the scanner on 02/21/14 for her MRI/MRA, "she felt very uncomfortable in her right anterior chest wall, shoulder joint and upper back. Her left side was uncomfortable but only in the shoulder joint. At one point during the exam, she touched hands together and when she did so, both hands felt as though they were on fire." The 10/17/14 report states that the patient has persistent shoulder pain which has been gradually worsening. The cervical spine has tenderness on the right side. No further positive exam findings were provided. The patient's diagnoses include the following: 1.Shoulder pain, right 2.Thoracic outlet syndrome 3.Insomnia secondary to chronic pain The utilization review determination being challenged is dated 11/04/14. Treatment reports were provided from 03/13/14- 11/21/14.

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: 10/28/14 QTY 300 and a refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications, Specific Ant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s):.

Decision rationale: The 03/13/14 report says that the patient is "currently taking Norco 10/325 for pain." The 10/17/14 report states that the patient "usually takes 7-8 Norco's daily." The 10/27/14 report indicates that the patient is to continue taking Norco 10-325 mg, 1 or two tablets every four hours, as needed, #300." Review of the reports does not provide any discussions on how Norco has impacted the patient's pain and function. California 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 4A's (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, none of the 4 A's were addressed as required by MTUS. The treater fails to provide any pain scales. There were no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The request is not medically necessary.