

Case Number:	CM14-0198398		
Date Assigned:	12/08/2014	Date of Injury:	04/03/2009
Decision Date:	01/21/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice 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:

51 years old Female claimant sustained a work injury on 4/3/09 involving the neck and shoulder. An EMG in January 2014 showed C5-C6 radiculopathy and bilateral median nerve neuropathy and right ulnar neuropathy. She was also diagnosed with right shoulder impingement syndrome and underwent 2 shoulder surgeries. A progress note on July 31, 2014 indicated the claimant had 6/10 pain. Exam findings were notable for tenderness in the right shoulder and limited range of motion. The physician provided Tramadol, Hydrocodone and Naproxen for pain. A progress note on 10/7/14 indicated the claimant had increasing 9/10 shoulder pain and 5/10 wrist pain. Exam findings were similar as July along with noted spasms in the trapezial region. The claimant was treated with Tramadol, Cyclobenzaprine, Naproxen and Hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325 #60 with 2 refills: Upheld

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

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 several months along with other opioids and NSAIDs without significant improvement in pain or function. The continued use of Hydrocodone is not medically necessary.