MAXIMUS Federal Services

Case Number:	CM15-0000561		
Date Assigned:	01/12/2015	Date of Injury:	08/07/2012
Decision Date:	03/06/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female, who sustained an industrial injury on 8/7/2012. The diagnoses have included left shoulder acromioclavicular osteoarthropathy and bursitis, left thoracic pain and cervical myofascial pain. Treatment to date has included pain medications, cognitive behavior therapy and Transcutaneous Electrical Nerve Stimulation (TENS). Per the follow-up consultation/request for treatment from 10/27/2014, the injured worker complained of right shoulder pain, 7/10 scale, cervical pain with paralleling headache 6/10 scale and thoracic pain 6/10 left and right. The injured worker reported maintenance of activities of daily living with medication at current dosing regimen. Per this report, the injured worker provided examples of objective improvement including greater range of motion and improved tolerance to exercise and activity. Objective findings revealed tenderness of the left shoulder and cervical spine, range of motion limited with pain. Affect was flat. The injured worker was screened for signs of development of/presence of dependence, addiction, opiate induced hyperalgesia and/or drug tolerance. Pain contract was reviewed. Tramadol was dispensed. Urine toxicology reports were included with the submitted documentation. The treating provider prescribed hydrocodone 10/325mg #60 one by mouth two to three times a day. On 12/3/2014 Utilization Review modified a request for Hydrocodone 10/325mg to Hydrocodone 5/325mg #60, one every 8 hours as needed for breakthrough pain with no refills, noting that this is consistent with MTUS/ACOEM California N-formulary work comp review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.There is no clear justification for the need to continue the use of Hydrocodone. The patient was previously treated with Hydrocodone without any evidence of pain and functional improvement.