MAXIMUS Federal Services

Case Number:	CM15-0002748		
Date Assigned:	01/14/2015	Date of Injury:	02/02/2010
Decision Date:	03/09/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/06/2015

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 York
Certification(s)/Specialty: Internal 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 49-year old male, who sustained an industrial injury on February 2, 2010. Diagnoses at the time of the injury were wrist sprain/strain and cervical radiculopathy. Treatment to date has included physical therapy, left elbow and wrist surgery, pain medication, and routine monitoring.Currently, the IW complains of neck pain and bilateral upper extremity pain. Pain was rated a two with medication and a seven without medication. Pain was rated on a scale of ten. The worker also reported poor sleep quality. Physical exam was remarkable for horizontal surgical incision to the left anterior aspect of the neck with no signs of infection. Cervical spine range of motion was limited due to pain, tenderness noted bilaterally. The lumbar spine range of motion was limited with spasms and tenderness bilaterally. There was tenderness to the elbow and left wrist. Diagnoses included cervical pain, cervical radiculopathy, elbow pain, entrapment neuropathy of upper extremities, mood disorder, carpal tunnel syndrome, shoulder pain, lateral epicondylitis and wrist pain.On January 2, 2015, the Utilization Review decision modified a request for hydrocodone/acetaminophen 5/325mg, count 90, to approval of a count of 75, the recommendation for the reduced amount stated that the documentation did not reflect the need for the continued medication and therefore 75 count was approved for the purpose for weaning. The MTUS, Chronic Pain Medical Treatment Guidelines was cited.On January 6, 2015, the injured worker submitted an application for IMR for review of hydrocodone/acetaminophen 5/325mg, count 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for treatment of chronic pain Page(s): 91-97.

Decision rationale: The documentation inidicates the claimant has been treated with opioid therapy with Vicodin 5/325mg. Per California MTUS Guidelines, short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last asessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the continued use of short acting opioid medications. The claimant should undergo weaning from chronic opioid use. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.