

Case Number:	CM15-0008244		
Date Assigned:	01/23/2015	Date of Injury:	11/25/2011
Decision Date:	04/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 11/25/2011. The mechanism of injury has not been provided in the clinical information submitted for review. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, cervicgia and disorders of bursae and tendons in the shoulder region. Currently, the IW complains of pain in the neck and left shoulder with radiation to the left arm. His pain is rated as 6-7/10 with medication and 8/10 without. He reported pain in the mid back and low back with radiation to bilateral lower extremities and knee pain. Objective findings included full range of motion of the cervical spine. There is tenderness to palpation over the bilateral paraspinal cervical muscles. Examination of the left shoulder decreased range of motion. There is tenderness to palpation over the posterior aspect of the shoulder. Examination of the lumbar spine revealed decreased range of motion with no asymmetry or scoliosis. There is normal alignment with mild loss of lumbar lordosis and tenderness to palpation over the bilateral lumbar paraspinal muscles. On 12/17/2014, Utilization Review modified a request for hydrocodone 10/325mg #90 noting that the clinical findings do not support the medical necessity of the treatment. It is recommended for weaning purposes only at this time. The MTUS was cited. On 1/14/2015, the injured worker submitted an application for IMR for review of hydrocodone 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 181; 212, Chronic Pain Treatment Guidelines On Going Management, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 60-61, 76-78, and 88-89.

Decision rationale: The patient presents with pain in the neck and left shoulder with radiation to the left arm. His pain is rated as 6-7/10 with medication and 8/10 without. He reported pain in the mid back and low back with radiation to bilateral lower extremities and knee pain. The request is for HYDROCODONE /APAP 10/325 MG #90. The RFA is not provided. Objective findings included full range of motion of the cervical spine. There is tenderness to palpation over the bilateral paraspinal cervical muscles. Examination of the left shoulder decreased range of motion. There is tenderness to palpation over the posterior aspect of the shoulder. Examination of the lumbar spine revealed decreased range of motion with no asymmetry or scoliosis. There is normal alignment with mild loss of lumbar lordosis and tenderness to palpation over the bilateral lumbar paraspinal muscles. Patient is permanent and stationary. 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. MTUS p90, maximum dose for Hydrocodone, is 60mg/day. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has been prescribed Hydrocodone at least since 07/07/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater has not discussed how Hydrocodone significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument has been used to show functional improvement. There is no documentation or discussion regarding adverse effects. There was no CURES or opioid pain contract. Furthermore, there is evidently no significant pain reduction with use of Hydrocodone. Of note, per the UR letter dated 12/17/14, urine drug screening on 07/18/14 and 10/27/14 were not consistent with Hydrocodone medication prescribed and not detected. Therefore, the prescription for Hydrocodone does not appear to be medically appropriate at this time. The request IS NOT medically necessary.