

Case Number:	CM15-0009798		
Date Assigned:	01/27/2015	Date of Injury:	08/27/2000
Decision Date:	03/17/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 69 year old female who sustained an industrial injury on 8/27/00. The injured worker reported symptoms in the bilateral shoulders/arms, hands, bilateral knees and lumbar spine. The diagnoses included degenerative arthritis, cervical spine, impingement syndrome, bilateral shoulders, with history of prior rotator cuff injuries, history of prior ulnar nerve entrapment, left elbow, bilateral carpal tunnel syndrome, lumbar spine multi-level spondylolisthesis, post-op bilateral total knee arthroplasties and history of pain in bilateral hips. Treatments to date have included right knee arthroplasty on 10/4/10, anti-inflammatories, physical therapy, oral pain medications and epidural steroid injections. The treating physician is requesting hydrocodone/APAP 5-325mg #120. No documentation was provided from the requesting physician. The above information was found in the Agreed Medical Evaluation Supplemental Report dated 6/11/14. On 1/7/15, Utilization Review non-certified a request for hydrocodone/APAP 5-325mg #120, The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Treatment in Workers Compensation) http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Hydroco/APAP 5/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend prescribing opioids in regards to function, with specific functional goals, return to work, random drug testing, opioid contract. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without evidence of progress notes following the above prescribing guidelines. Therefore the request for Hydroco/APAP 5/325mg #120 is therefore not medically necessary .