

Case Number:	CM15-0100009		
Date Assigned:	07/14/2015	Date of Injury:	12/15/2012
Decision Date:	09/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pediatrics, 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 50 year old male, who sustained an industrial injury on 12/15/2012. He has reported subsequent right shoulder, wrist, hand and neck pain and was diagnosed with right clavicular fracture, right shoulder impingement syndrome with partial rotator cuff tear, acromioclavicular joint osteoarthritis, cervical sprain/strain, possible right C5-C6 radiculopathy, right wrist sprain and rule out traumatic carpal tunnel syndrome of the right wrist. Treatment to date has included medication, application of ice, physical therapy and surgery. The injured worker was prescribed Hydrocodone and Naproxen since at least 05/13/2014. In a progress note dated 03/28/2015, the injured worker complained of 5/10 right shoulder pain. Objective findings were notable for tenderness of the right shoulder and limited range of motion of the right shoulder with pain. Work status remained temporarily totally disabled. A request for authorization of Hydrocodone 10 mg quantity of 90, Hydrocodone 10/325 mg quantity of 90, urine toxicology and Naproxen 550 mg quantity of 60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS, Hydrocodone is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 05/13/2014 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. There was no documentation as to the intensity of pain after taking Hydrocodone/Acetaminophen or the duration of pain relief. There was no documentation of a change in work status and although the physician noted that medication facilitated a significant increase in tolerance to a variety of activity there were no specifics given as to which activities had improved with medication use. MTUS indicates that opioids should be discontinued with no overall improvement in function unless there is documentation of extenuating circumstances. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Hydrocodone is not medically necessary.

Hydrocodone 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS, Hydrocodone/Acetaminophen is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 05/13/2014 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. There was no documentation as to the intensity of pain after taking Hydrocodone/Acetaminophen or the duration of pain relief. There was no documentation of a change in work status and although the physician noted that medication facilitated a significant increase in tolerance to a variety of activity there were no specifics given as to which activities had improved with medication use.

MTUS indicates that opioids should be discontinued with no overall improvement in function unless there is documentation of extenuating circumstances. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Hydrocodone/Acetaminophen is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing.

Decision rationale: As per CA MTUS guidelines, for ongoing management of patients prescribed opioid medication, random frequent urine drug screens is one step to avoid misuse of opioids, especially for those at high risk of abuse. As per ODG, urine drug screening is generally used for testing of new patients who are already receiving a controlled substance, when chronic opioid management is considered and for ongoing monitoring for misuse or dependence in those patients who are on chronic opioid medication regimens. ODG further states that, "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at high risk should be tested once a month, those at moderate risk should be tested 2-3 times a year and those at low risk should be tested six months after initiation of therapy and on a yearly basis thereafter." The documentation submitted indicates that the injured worker had been prescribed Hydrocodone on a chronic basis since at least 05/13/2014 and had been undergoing monthly urine drug screens. The urine drug screens dated 01/27/15, 03/07/15 and 03/28/15 were all noted by the physician to be consistent with the prescribed medications. Although the physician notes that urine toxicology was requested due to history of poor response to opioids periodically throughout treatment, reactive depression and history of no return to work for some time, the documentation submitted does not support that the injured worker was at high risk for drug misuse. There is no indication of active illegal drug use and no discussion of any current psychiatric diagnoses or issues such as depression. The documentation is insufficient to establish the medical necessity of the requested service. Therefore, the request for urine toxicology is not medically necessary.

Naproxen 550 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non steroidal anti-inflammatory drugs); Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [otc]) Generic available; extended-release (Naprelan).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, NSAID's.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis (including the knee and hip), acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, there was no documentation of subjective or objective benefit from use of this medication. There was no documentation of a change in work status and although the physician noted that medication facilitated a significant increase in tolerance to a variety of activity there were no specifics given as to which activities had improved with medication use. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.