

Case Number:	CM15-0103846		
Date Assigned:	06/08/2015	Date of Injury:	06/25/2001
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/29/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 was a 62 year old female, who sustained an industrial injury, June 25, 2001. The injured worker previously received the following treatments Omeprazole, Norco, Tramadol, Advair, Prozac, Flexeril, Gabapentin, Zolpidem, Cyclobenzaprine, Hydrocodone, Flector patches, Pro-air, B12 injection, physical therapy, neck brace, soft collar, cervical epidural spinal fusion and home exercise program. The injured worker was diagnosed with status post right carpal tunnel release on April 9, 2014, left total shoulder replacement, right shoulder multifactorial degenerative disease, status post C4-T1 anterior fusion and arthroscopic surgery of the right shoulder. According to progress note of March 2, 2015, the injured workers chief complaint was bilateral shoulder, bilateral forearms and hands pain. The injured worker reported receiving 85% relief from pain with Hydrocodone and 5% relief from Tramadol. The injured worker took Flexeril for spasms in the forearms and hands. The injured worker rated the pain at 8 out of 10 currently, 10 out of 10 at worst and 5 out of 10 at best. The injured worker stated the left shoulder pain radiated down into the lower forearm with spasming and non-tender into the left ring finger and little fingers. The physical exam noted decreased range of motion to the cervical spine. There was pressure pain over the facet processes on the right cervical spine at C4-C6. There were palpable in the superior trapezius, middle trapezius and rhomboid muscles. The right and left and right upper extremities otherwise showed full range of motion. The treatment plan included a prescription for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Hydrocodone/APAP is a compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving hydrocodone/APAP since at least December 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized. Therefore, the requested treatment is not medically necessary.