

Case Number:	CM15-0017204		
Date Assigned:	02/04/2015	Date of Injury:	10/25/2010
Decision Date:	05/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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 61 year old male, who sustained an industrial injury on 10/26/1998. He has reported subsequent neck, wrist and hand pain and was diagnosed with multiple level degenerative disc disease and spondylosis of the cervical spine, bilateral carpal tunnel syndrome and bilateral De Quervain's syndrome. Treatment to date has included oral pain medication, physical therapy, a home exercise program and surgery. In a progress note dated 01/07/2015, the injured worker complained of bilateral wrist pain and stiffness and constant severe left shoulder pain. The physician noted that a new written prescription for Norco was provided for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10mg-325mg, QTY: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 01/07/15 progress report provided by treating physician, the patient presents with pain to the neck, arms and wrists. The request is for HYDROCODONE-ACETAMINOPHEN 10MG-325MG QTY:1. The patient is status post cervical fusion 12/27/13 and 11/04/11. RFA not provided. Patient's diagnosis on 01/07/15 includes multiple level degenerative disc disease and spondylosis of the cervical spine, bilateral carpal tunnel syndrome and bilateral De Quervain's syndrome. Treatment to date has included oral pain medication, physical therapy, a home exercise program and surgery. Patient's medications include Norco, Tramadol, Terazosin, Ambien and Ranitidine. The patient is temporarily totally disabled, per treater report dated 01/07/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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. Hydrocodone has been included in patient's medications, per treater reports dated 10/01/14, 01/07/15 and 03/03/15. In this case, treater has not stated how Hydrocodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDSs, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.