Case Number:	CM15-0135972		
Date Assigned:	07/24/2015	Date of Injury:	11/14/2010
Decision Date:	09/22/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: New York
Certification(s)/Specialty: 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 57-year-old female, with a reported date of injury of 11/14/2010. The mechanism of injury was a slip and fall, landing on her buttocks. She fell backwards with her left arm extended, landing towards the left side. The injured worker's symptoms at the time of the injury included left hip, lower back, left shoulder, and left leg pain. The diagnoses include cervical spine sprain, cervical spine radiculitis, lumbar spine sprain, lumbar spine radiculitis, rule out lumbar spine disc injury, and status post left shoulder arthroscopic surgery. Treatments and evaluation to date have included left shoulder surgery, acupuncture, chiropractic treatment, cervical epidural steroid injections, and oral medications. The supplemental report dated 04/19/2015 indicates that the diagnostic studies to date have included an MRI of the cervical spine which showed mild multilevel degenerative changes of the cervical spine and moderate to severe bilateral neural foraminal stenosis; an MRI of the lumbar spine which showed thoracolumbar scoliosis with multilevel degenerative changes; an MRI of the left shoulder which showed focal full thickness tear of supraspinatus anterior foot print superimposed on rotator cuff tendinosis and minimal retraction; and electrodiagnostic studies of the bilateral upper extremities on 02/08/2012 which showed mild bilateral median neuropathies at the wrists affecting mild sensory conduction delays across the carpal tunnels. The progress report dated 05/29/2015 indicates that the injured worker complained of neck pain, rated 9 out of 10; back pain, rated 10 out of 10; and left shoulder pain, rated 9 out of 10. It was noted that there was no change in the neck and left shoulder pain. The back pain radiated to the bilateral legs. The injured worker also complained of left elbow pain, rated 5 ½ out of 10, and left wrist pain. The left wrist pain was

described as severe, cramping, and some swelling to the fingers. The objective findings include tenderness to the cervical spine paravertebral muscles, trapezius muscles with severe spasms, left greater than right, left hand swelling, and limited cervical spine range of motion. The injured worker has been instructed to remain off work until 07/10/2015. The treating physician requested Hydrocodone-Acetaminophen 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen (APAP) 10-325mg #90 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Hydrocodone and Acetaminophen is recommended for moderate to moderately severe pain. There is no documentation of how long the injured worker has been taking Hydrocodone-Acetaminophen. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. However, specific functional goals, return to work, random drug testing, and opioid contract were not discussed. The guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the injured worker had failed a trial of non-opioid analgesics. There was documentation that Vicodin was prescribed. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Hydrocodone-Acetaminophen is not medically necessary.