Case Number:	CM15-0136062		
Date Assigned:	07/24/2015	Date of Injury:	12/31/2009
Decision Date:	09/29/2015	UR Denial Date:	06/15/2015
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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female injured worker suffered an industrial injury on 12/31/2009. The diagnoses included cervical degenerative disc disease with radiculopathy, cervicalgia, chronic pain syndrome, cervical post-laminectomy syndrome and gastric sleeve bypass surgery. The diagnostics included cervical computerized tomography, electromyographic studies, and cervical spine x-rays. The treatment included medications. On 6/4/2015 the treating provider reported chronic neck and left shoulder pain. The pain was reported as 6/10 with medications and 10/10 without medications. On exam there were large areas of spasms in the cervical spine. There was decreased sensation on the left arm. The pain affected all activities of daily living. It was not clear if the injured worker had returned to work. The requested treatments included Hydrocodone/APAP (acetaminophen) 7.5/325 mg Oral Solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (acetaminophen) 7.5/325 mg Oral Solution (ml) Qty 1350.0 ml:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Per progress report dated 7/2/15, it was noted that the injured worker rated her pain 10/10 without medications and 6/10 with medications. She reported that her medication regimen allows her to keep pain within a manageable level to allow her to complete necessary activities of daily living such as walking, shopping, and light household chores. The injured worker has had gastric bypass surgery and has required a liquid formulation for enhanced uptake. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The injured worker has been using this medication since at least 1/2015. Absent documentation of safe usage, therefore the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request with no refills.