

Case Number:	CM15-0164720		
Date Assigned:	09/02/2015	Date of Injury:	12/31/2009
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/21/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female who sustained an industrial injury on 12-31-09. Diagnoses are degeneration of cervical intervertebral disc, cervicalgia, chronic pain syndrome, other specified cardiac device in situ, postlaminectomy syndrome-cervical region, brachial neuritis or radiculitis, left carpal tunnel syndrome, myalgia and myositis unspecified, bursitis of shoulder, and subscapular bursitis. Subjective complaints (7/2/2015) include 6/10 with medications and 10/10 without. Medical notes (7/31/2015) reports 5/10 with medications and 10/10 without. The treating physician notes (7/2/2015, 7/31/2015) the medications "keep the pain within a manageable level to allow patient to complete necessary activities of daily living", but is otherwise nonspecific. Physical exam (7/31/2015) positive spurling's, restricted cervical extension and normal cervical flexion with two large palpable areas of spasms, left restricted shoulder flexion and abduction, "hypoesthesia and dysesthia" down to mid lateral left arm. Medications are Prilosec, Hydrocodone Bitartrate- liquid form due to the gastric bypass, Baclofen, Voltaren gel, Lidoderm Patch, Lyrica, and Excedrin Migraine. A utilization review dated 8/18/2015 modified to approve for Hydrocodone-APAP 7.5/325/15mL oral suspension #900 (original request for #1350) due to lack of discussions of weaning, change of medications, documented functionality/benefit, urine drug screening in over a year, and no VAS score.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - APAP 7.5/325mg / 15ml oral suspension three times a day as needed Qty: 1350: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." While the treating physician documents pain with and without medication, the physician does not fully document the least reported pain over the period since last assessment, increased level of function, how long it takes for pain relief, and how long pain relief lasts. Additionally, medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. This formulation of Hydrocodone is an oral solution (liquid). The treating physician cites that liquid is needed due to bypass surgery. No additional information is provided with regards to this. Additionally, the treating physician does not indicate why this medication cannot be administered in the non-liquid form while other medications (Lyrica, Excedrin migraine, and Prilosec) can. This formulation has not been sufficiently justified. As such, the request for Hydrocodone - APAP 7.5/325mg / 15ml oral suspension three times a day as needed Qty: 1350 is not medically necessary.