MAXIMUS Federal Services

Case Number:	CM15-0187510		
Date Assigned:	09/29/2015	Date of Injury:	03/24/2014
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 34 year old male, who sustained an industrial injury on 3-24-2014. The injured worker was being treated for thoracic spine pain, disc d/p lumbar, and sprain rotator cuff. Medical records (7-22-2015 to 9-2-2015) indicate the injured worker reported not being able to take his pain medications. He reported ongoing back pain, which had increased. He reported inability to sleep or sit without pain. The medical records (7-22-2015 to 9-2-2015) show the subjective pain rating shows no improvement from 7 out of 10. The physical exam (7-22-2015) revealed a slow, stooped, wide-based, antalgic gait. The injured worker's head was forward when he was standing. There was spasm and tenderness of the thoracic paraspinal muscles and over the T4 (thoracic 4) spinous process. There was restricted lumbar range of motion, spasm and tenderness to palpation of the lumbar paravertebral muscles with hypertonicity, tight muscle band, and trigger point with a twitch response along with radiating pain on palpation on the right at T5-T7 (thoracic 5-thoracic 7). There were restricted flexion and abduction of the right shoulder, positive Hawkin's and drop arm testing, tenderness to palpation over the acromioclavicular joint, and tenderness in the biceps grove, subdeltoid bursa, and trapezius. Per the treating physician (9-2-2015 report), a physical exam was not performed. On 7-22-2015, a urine drug screen was negative for Hydrocodone, Norhydrocodone, and Hydromorphone. Treatment has included physical therapy, acupuncture, a right shoulder steroid injection, a functional restoration program, a cane, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (9-2-2015 report), the injured worker is not working. The requested treatments included Hydrocodone-Acetaminophen 5-325mg. On 9-21-2015, the

original utilization review non-certified a request for Hydrocodone-Acetaminophen 5-325mg QTY: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325mg QTY: 120: Overturned

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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work injury in March 2014 when, while working as a carpenter, he was helping to move a cabinet, which fell on top of him. He continues to be treated for chronic pain. In April 2015 medications included Norco being taken 2-3 times per day resulting in a pain level of 7/10. In May 2015 pain levels were not recorded. He had been seen in an Emergency Room due to increasing back pain. His physical examination is reported as unchanged. In July 2015 he had not been able to take medications for pain. He was having an inability to sleep or sit without pain. He had been seen multiple times in the Emergency Room. He had pain rated at 9/10. Physical examination findings included appearing in moderate pain. There was an antalgic and slow gait. He had a stooped posture. There was decreased lumbar spine range of motion with pain. There were paravertebral muscle spasms with tenderness and trigger points. There was decreased shoulder range of motion with positive impingement testing. Strength testing was limited by pain. His body mass index was over 33. Current medications are listed as hydrocodone/acetaminophen 5/325 mg and ibuprofen 800 mg two times per day as needed. This case is complicated by difficulty in determining what medications are actually being taken. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. Based on the information provided, Norco was decreasing the claimant's pain to 7/10 and now, without this medication, he has pain rated at 9/10 with an inability to sit or sleep. It had previously provided what is considered a clinically significant decrease in pain and the dose was being increased when the claimant was having severe pain. Therefore, continued prescribing is medically necessary and is recommended, if requested, for at least the next three months to allow for an adequate trial of opioid use. Ongoing pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the medication, how long it takes for pain relief to occur, and how long the pain relief lasts. Function should be measured using a numerical scale or validated instrument and would be needed to support the ongoing need for this medication.