

Case Number:	CM15-0189460		
Date Assigned:	10/01/2015	Date of Injury:	05/14/2015
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 34 year old male who sustained a work-related injury on 5-14-15. He reported an injury to his head. On 6-23-15, the injured worker reported frequent headaches on the top side of his head and reported feeling distracted and forgetful. He reported pain in the neck (3 on a 10-point scale), pain in the left shoulder (3 on a 10-point scale), left elbow pain (4 on a 10-point scale) and mid back pain (3 on a 10-point scale). He used Acetaminophen 500 mg twice per day. On 8-19-15 the injured worker reported no significant improvement since his previous evaluation. He had completed 12 sessions of physical therapy with minimal improvement. Objective findings included spasm in the cervical and thoracic paraspinal muscles. He had tenderness to palpation over the paraspinal muscles. He had reduced sensation in the left C7 dermatomal distribution and restricted range of motion. Muscle testing was 5-5 in the bilateral upper extremities. He had a positive Spurling's test on left cervical compression. He had tenderness to palpation over the right shoulder and a positive impingement sing on the left shoulder. Diagnoses included cervical radiculopathy, shoulder impingement, thoracic contusion and headache. A request for retrospective hydrocodone-APAP 10-325 mg #60 (DOS 8-25-15) was received on 8-31-15. On 8-31-15 the Utilization Review physician determined retrospective hydrocodone-APAP 10-325 mg #60 (DOS 8-25-15) with one refill was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/APAP 10/325 mg #60 (DOS 08/25/2015) with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Retrospective Hydrocodone/APAP 10/325 mg #60 (DOS 08/25/2015) with 1 refill, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also have "Steps to Take Before a Therapeutic Trial of Opioids". These steps include: before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. Pain related assessment should include history of pain treatment and effect of pain and function. Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. Within the documentation available for review, all the "Steps to Take Before a Therapeutic Trial of Opioids" have not been done. In light of the above issues, the currently requested Retrospective Hydrocodone/APAP 10/325 mg #60 (DOS 08/25/2015) with 1 refill is not medically necessary.