

Case Number:	CM15-0197380		
Date Assigned:	10/12/2015	Date of Injury:	02/18/2014
Decision Date:	11/19/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/07/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old male, who sustained an industrial injury on 2-18-14. Medical records indicate that the injured worker is undergoing treatment for a thoracic spine sprain and right parascapular sprain-strain. The injured worker was noted to be working with restrictions. On (9-2-15) the injured worker complained of right periscapular pain made worse by lifting. Objective findings noted the result of the MRI of the thoracic spine, which revealed paraspinal edema from thoracic seven to thoracic eight. No physical examination or pain levels were provided. Treatment and evaluation to date has included medications, MRI of the thoracic spine and acupuncture treatments. Current medications include Hydrocodone (since at least April of 2015). The request for authorization dated 9-21-15 is for Hydrocodone 10 mg # 80. The Utilization Review documentation dated 9-26-15 modified the request to Hydrocodone 10 mg # 40 (original request # 80).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #80 1 every 4 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines have very specific standards that are recommended to justify the long-term use of opioid medications. These standards include detailed documentation of how the opioid is utilized, the amount of pain relief and the length of pain relief. The standards also include documentation of functional support and review of any risks for misuse. Two of these key standards have not been addressed. There is no documentation regarding the use patterns and benefits from the Hydrocodone and there is no review of potential misuse issues. This individuals returning to work address functional support indirectly. Under these circumstances, the Hydrocodone 10mg #80 1 every 4 hours as needed is not supported by Guidelines and is not medically necessary. Updated and adequate documentation could have future influence on this recommendation.