

Case Number:	CM15-0198153		
Date Assigned:	10/13/2015	Date of Injury:	06/05/1998
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 61 year old female with an industrial injury date of 06-05-1998. Medical record review indicates she is being treated for neck pain, cervicobrachial syndrome, pain in thoracic spine, sprains and strain of neck, therapeutic drug monitor, long term use of meds and unspecified major depression-recurrent episode. In the physician note dated 08-28-2015 the treating physician documented the injured worker was complaining of neck and upper extremity pain with radiation into upper extremities. The treating physician indicated the injured worker did not finish her last two sessions of physical therapy "because the therapist was too aggressive and it was too painful." The injured worker noted the medications reduced her pain by 50% so that she can sleep and get through her daily activities like cooking and cleaning as well as personal care activities like dressing and bathing. The treating physician documented the injured worker was using about 2-3 tablets of Norco per day. Medications (08-28-2015) included Zolpidem, Docuprene, Cyclobenzaprine, Protonix, Ketamine cream and Hydrocodone-APAP. Physical exam (08-28-2015) indicates there was spasm and guarding in the cervical and lumbar spine with palpable tenderness. Tinel's was positive at right cubital tunnel. Prior medications included Celebrex and Darvocet. Review of medical records indicates the injured worker was taking Hydrocodonebit APAP at the 10-27-2014 visit. Prior treatment included physical therapy, wrist brace and medications. The treating physician noted the injured worker was taking Hydrocodone-APAP for breakthrough pain. "She does find Hydrocodone-APAP to be beneficial with pain reduction and overall functional improvement." "The Norco will decrease her pain from 8 out of 10 down to 4-5 out of 10." The treating physician documented the injured worker

used Norco on an as needed basis and was consistent with the urine drug screen 06-23-2015. "There have been no signs or issues of abuse or aberrant behavior or diversion with this patient and their medication." "No escalation of dose, overutilization or diversion from the prescribed medication regimen has been noted till now." The treating physician documented the injured worker had signed an opioid pain contract on 06-21-2010. On 09-10-2015 the request for Hydrocodone/APAP 10/325 mg #75 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 10/325 mg #75 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are neck pain; cervicobrachial syndrome; pain thoracic spine; sprain strain of neck; and unspecified major depression, recurrent episode. Date of injury is June 5, 1998. Request for authorization is September 1, 2015. According to an October 27, 2014 progress note, the treating provider prescribed hydrocodone/APAP 10/325 mg. Additional medications were Ambien and Flexeril. Pain score was 4/10. Subsequent progress note documentation does not contain VAS pain scores. According to a February 2, 2015 progress notes, medications increased pain by 50%. According to the most recent progress note dated June 23, 2015, subjective complaints include pain and upper extremity pain. Medications reduce pain by 50%. There is no pain score present. Objectively, there is cervical and lumbar tenderness to palpation and trapezius tenderness. According to a August 28, 2015 appeal (for hydrocodone/APAP), the treating provider indicates the injured worker's pain scores 10/10. Documentation indicates hydrocodone/APAP decreases pain to 4/10. Subjectively, there is no change in pain relief from the October 27, 2014 progress note to the August 28, 2015 appeal. There is no documentation demonstrating objective functional improvement to support ongoing hydrocodone/APAP. There is no documentation indicating an attempt to wean hydrocodone/APAP. There are no detailed pain assessments or risk assessments. Based on the clinical information in the medical record, peer-reviewed

evidence-based guidelines, no documentation of a subjective change in symptoms and/or pain scores, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no documentation indicating an attempt at weaning, hydrocodone/APAP 10/325 mg #75 is not medically necessary.