

Case Number:	CM15-0204410		
Date Assigned:	10/21/2015	Date of Injury:	05/12/2003
Decision Date:	12/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, Illinois

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 55 year old female with an industrial injury dated 05-12-2003. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder joint pain, cervical disc displacement without myelopathy, and lumbar disc displacement without myelopathy. According to the progress note dated 08-31-2015, the injured worker presented for follow up of neck, left shoulder, bilateral hand, left knee and low back pain. Current medications include Lyrica, Effexor, Hydrocodone bit-APAP 10-325mg (since at least February of 2015), Skelaxin, Dss, Aspirin, and Buspirone. Pain level was 4-5 out of 10 with Norco and 9-10 out of 10 without medication on a visual analog scale (VAS). The injured worker reported that the medication allows her to walk around her house and be more active through the day. It also allows her to tolerate sitting for prolonged periods of time. Objective findings (08-31-2015) revealed antalgic gait, no edema or tenderness palpated in any extremity. Physical exam was not documented for progress report 09-21-2015. Treatment has included Electromyography (EMG) of bilateral upper extremity on 05-20-2014, left knee Magnetic Resonance Imaging (MRI) on 05-22-2015, MRI of left shoulder on 5-22-2015, rodding of the left humerus in 2006, rotator cuff repair in 2012, hardware removal from left humerus in 2008, L4-5 and L5-S1 laminotomy in April of 2004, prescribed medications, urine drug screen on 06-30-2015, and periodic follow up visits. The utilization review dated 09-28-2015, non-certified the request for Hydrocodone bit-APAP 10-325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone bit/APAP 10/325 mg #90: Overturned

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

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

Decision rationale: The injured worker sustained a work related injury on 05-12-2003. The medical records provided indicate the diagnosis of shoulder joint pain, cervical disc displacement without myelopathy, and lumbar disc displacement without myelopathy. Treatments have included Lyrica, Effexor, Hydrocodone bit/APAP 10/325mg, Skelaxin, Dss, Aspirin, and Buspirone. The medical records provided for review do not indicate a medical necessity for Hydrocodone bit/APAP 10/325 mg #90. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she has gastrointestinal upset with NSAIDs. She has been using this medication at least since February of 2015, with significant benefit in pain and function. The records indicate she is well monitored. Therefore, the requested treatment is medically necessary.