

Case Number:	CM15-0205189		
Date Assigned:	10/22/2015	Date of Injury:	05/30/2011
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury on 05-30-2011. According to a progress report dated 09-29-2015, the injured worker's pain was "severe" and unchanged. Pain was not rated using a numerical scale in this progress report. She was having weakness in the right and was unable to place her right arm behind her back and could not pick things up with her right hand. Medications were review and included Baclofen, Cymbalta, Gabapentin, Hydrocodone, Lidoderm patch and Medrol Pak. Review of systems was positive for arthralgias, joint pain and back pain. Objective findings included an antalgic gait favoring the right, forward flexed body posture, tenderness over the paraspinal muscles overlying the facet joint midline of cervical spine and trigger points over the upper trapezius muscles on the right side. Diagnoses included cervical radiculitis, complex regional pain syndrome type I, chronic pain syndrome, shoulder joint pain, mononeuritis, adhesive capsulitis of shoulder and brachial plexus disorder. A psych appointment had been approved. The treatment plan included Gabapentin, Lidoderm 5% patches, Baclofen, Cymbalta and Hydrocodone 10-325 mg #180. She was temporarily disabled. Follow up was indicated in 4 weeks. Documentation shows use of Hydrocodone dating back to March 2015. A urine toxicology report dated 08-10-2015 was submitted for review and showed that H ydrocodone was noted detected. On 09-01-2015, the provider documented that a urine toxicology was performed during the last visit and that there were "no concerns". CURES was noted as appropriate. On 10-09 -2015, Utilization Review modified the request for Hydrocodone 10/325 mg quantity 180, take 1 tablet orally, 2 times daily as needed (90 day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg Qty 180, take 1 tablet orally, 2 times daily as needed (90 day supply): Overturned

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

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

Decision rationale: The patient presents with pain affecting the cervical spine, right shoulder and low back. The current request is for Hydrocodone 10/325 mg Qty 180, take 1 tablet orally, 2 times daily as needed (90 day supply). The treating physician report dated 10/20/15 (9B) states, "Her pain level without medications is 10/10 and unbearable. Her pain level with medications is 6/10." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6 -month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The report dated 10/20/15 notes that the patient's pain has decreased from 10/10 to 6/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Hydrocodone has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.