

Case Number:	CM15-0205303		
Date Assigned:	10/22/2015	Date of Injury:	04/28/2003
Decision Date:	12/10/2015	UR Denial Date:	10/19/2015
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 35 year old male, who sustained an industrial injury on 4-28-2003. The injured worker was diagnosed as having disorder of bursa of shoulder region, shoulder joint pain, degeneration of cervical intervertebral disc, degeneration of thoracic intervertebral disc, and degeneration of lumbar intervertebral disc. Treatment to date has included diagnostics and medications. Currently (10-07-2015), the injured worker complains of pain in his left shoulder, rated 7 out of 10 (pain level at exam not documented on 8-05-2015, noting only least pain 3 of 10 and worst 7-9 of 10). He reported that pain was managed by medications and "he does not want to change his medications" and was "not interested in weaning or detox at this time". Medication use included Etodolac, Hydrocodone-Acetaminophen 10-325mg every 4-6 hours as needed (since at least 4-2015), and Lunesta, which reduced pain by 60%. Physical exam of the musculoskeletal system noted "normal" gait and posture. He was working full time. Prior medications included Tramadol, which caused severe headache. He was encouraged to complete hepatic-renal function tests due to chronic opioid use. A signed pain management contract was documented on 12-12-2014 and CURES was compliant. Urine toxicology (12-19-2015) was documented as "consistent". On 10-19-2015 Utilization Review modified a request for Hydrocodone-Acetaminophen 10/325mg #180 with 1 Refill to Hydrocodone-Acetaminophen 10/325mg #50 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #180 + 1 Refill: Overturned

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

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 left shoulder. The current request is for Hydrocodone-Acetaminophen 10/325mg #180 + 1 Refill. The treating physician report dated 10/7/15 (9B) states, "Both medications are used in a stable manner to reduce pain level by 60% and allow patient to work full time. These medications are part of a stable workers comp treatment plan and should be continued." 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 10/7/15 (9B) notes that the patient's pain level decreases by 60% while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation. The patient's ADL's have improved such as the ability to work full time. 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-Acetaminophen 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.