

Case Number:	CM15-0022095		
Date Assigned:	02/11/2015	Date of Injury:	11/16/2000
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51 year old female, who sustained a work/ industrial injury on 11/16/00 that appeared initially as a kink in her neck. She has reported symptoms of pain in the right upper extremity from the shoulder to the hand. The pain was rated 1-4/10, and increased with cold weather and use of arms. Prior medical history includes obesity, anxiety, and insomnia. The diagnosis was causalgia of upper limb and chronic pain syndrome. Treatments include physical therapy, medication, exercises, acupuncture, and chiropractic care. Per the physician's notes on 1/14/15, the chronic pain in the right upper extremity from the shoulder to the hand was described as burning, stabbing, numbness, throbbing and constant and varied in intensity. It was relieved by heat, exercise, physical therapy, and warm water. Medications were Celebrex, Gabapentin, and Norco (Hydrocodone/Acetaminophen). On 1/21/15, Utilization Review modified Hydrocodone/Acetaminophen 10/325mg #30 to Hydrocodone/Acetaminophen 10/325 mg #10 (between 1/14/2015 and 3/17/2015), noting the California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Hydrocodone with acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing right arm pain. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how long the benefit from this specific medication lasted, how often it was needed and used, how it was determined the lowest dose was prescribed, the amount of time it took to achieve pain relief, or an individualized risk assessment. In the absence of such evidence, the current request for 30 tablets of hydrocodone with acetaminophen 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.