

Case Number:	CM15-0210607		
Date Assigned:	10/29/2015	Date of Injury:	07/31/2003
Decision Date:	12/16/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/27/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 68 year old male, who sustained an industrial injury on 7-31-03. The injured worker was diagnosed as having pain in shoulder joint, pain in lower leg joint, and long term use of medication. Treatment to date has included left shoulder surgery x2, right shoulder surgery x1, bilateral knee surgery, and medication including Capsaicin cream and Hydrocodone-APAP. Physical exam findings on 9-17-15 included antalgic gait and normal muscle tone without atrophy in bilateral upper and lower extremities. The injured worker had been taking Hydrocodone APAP since at least January 2015. On 9-17-15 the treating physician noted "he reports up to 50% pain relief with the medication and improved functional tolerance for walking and standing." On 9-17-15, the injured worker complained of left shoulder and bilateral knee pain. The treating physician requested authorization for Hydrocodone APAP 10-325mg #90 for the date of service 9-17-15. On 10-13-15 the request 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 SIG NTE 3/day #90 (DOS 9/17/15): Overturned

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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records, it was noted that the injured worker reported up to 50% pain relief with medication and improved physical function and sleep. Norco improves his functional tolerance for walking and standing. He is able to rest easier in the evenings since shoulder pain would otherwise disrupt his sleep. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that the injured worker had UDS 9/17/15 which was positive for opiates and consistent with his current prescription. DEA CURES report dated 5/29/15 was appropriate. Signed opiate contract was on file 2/27/15. I respectfully disagree with the UR physician's assertion that the submitted documentation does not support on-going opiate therapy. As there is evidence of pain reduction, improved function, and appropriate use, the request is medically necessary.