

Case Number:	CM15-0043627		
Date Assigned:	03/13/2015	Date of Injury:	05/30/2011
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: Connecticut, California, Virginia

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 48-year-old female, who sustained an industrial injury on May 30, 2011. She has reported right shoulder pain. Diagnoses have included chronic regional pain syndrome, brachial plexus disorder, mononeuritis, shoulder joint pain, and adhesive capsulitis of the shoulder. Treatment to date has included medications, physical therapy, and psychiatric evaluation. A progress note dated January 30, 2015 indicates a chief complaint of continued right shoulder pain, sleep disorder, and mood disorder. The treating physician documented a plan of care that included medications and a functional restorative program, and notes that requests for injections and additional physical therapy have been denied. The medical record showed that the injured worker had no improvement with previous physical therapy. Utilization review modified a request for hydrocodone to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up aimed at working to decrease opioid dependency, particularly in light of prior Norco use prior to this request for hydrocodone. Consideration of other pain treatment modalities and adjuvants is also recommended. If there is objective evidence of functional improvement, it should be documented clearly in order to consider continuation of opioid treatment; the most recent note, dated 2/1/15, does not include any objective physical exam. Weaning is likely in order, as requested by utilization review. The quantity of medications currently requested is not considered in the opinion of this reviewer to be medically necessary and appropriate given the lack of objective data and therefore lack of assessment for functional improvement on and off opioids, making the decision to modify the request per utilization review reasonable given the provided records.