

Case Number:	CM15-0048990		
Date Assigned:	03/20/2015	Date of Injury:	01/21/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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

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 38 year old male, who sustained an industrial injury on January 21, 2014. He has reported right ankle pain, back pain, right shoulder pain, and right knee pain. Diagnoses have included cervical spine strain, thoracic spine strain, lumbar spine strain, right knee chondromalacia patella, right shoulder bursitis and impingement, right ankle arthralgia, and cervical spine spondylosis. Treatment to date has included right ankle bracing, physical therapy, aqua therapy, and imaging studies. A progress note dated February 7, 2015 indicates a chief complaint of right knee pain, right ankle pain, lower back pain with lower extremity sax, neck pain, and thoracic spine pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids.

Decision rationale: The patient presents on 01/15/15 with right knee pain rated 7/10, right shoulder pain rated 8/10, right ankle pain rated 6/10, cervical pain rated 6/10, thoracic pain rated 5/10, and lower back pain rated 7/10, which radiates into the lower extremities. The patient's date of injury is 01/21/14. Patient has no documented surgical history directed at these complaints. The request is for Hydrocodone 10MG #90. The RFA is dated 01/28/15. Physical examination dated 01/15/15 reveals tenderness to palpation of the cervical paraspinal muscles with spasm noted, tenderness to palpation of the thoracic spine, and tenderness to palpation of the lumbar paraspinal muscles with spasms noted. Treater also notes positive impingement test to the right shoulder with reduced range of motion, painful patellofemoral crepitus of the right knee, and crepitus to the anterior compartment of the right ankle. The patient is currently prescribed Hydrocodone and Cyclobenzaprine. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request of Hydrocodone for the management of this patient's chronic pain, treater has not provided adequate documentation of pain reduction and functional improvement. This patient has been taking Hydrocodone since at least 10/06/14. The two most recent progress notes dated 01/15/15 and 02/07/15 do not mention pain reduction or functional improvements attributed to this patient's medications. Progress note dated 01/15/15 does provide evidence of urine drug screens consistent with this patient's medications and a lack of aberrant behavior. However, without documented pain and functional benefits attributed to this medication, continuation cannot be substantiated. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.