MAXIMUS Federal Services

Case Number:	CM15-0083594		
Date Assigned:	05/05/2015	Date of Injury:	01/10/2011
Decision Date:	06/04/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/01/2015

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: Georgia
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 51 year old male, who sustained an industrial injury on 1/10/2011. He reported injury of the upper back and right shoulder. The injured worker was diagnosed as having cervical disc degeneration, adhesive capsulitis frozen shoulder, reversal of the cervical curve, cubital tunnel syndrome, cervical spondylosis without myelopathy, cervical syndrome discogenic pain. Treatment to date has included medications. The request is for Hydrocodone/ APAP. On 4/3/2015, he complained of aching, burning and tenderness of the neck and right shoulder. He rated his pain as 5/10 for the neck and 4/10 for the right shoulder. He indicated his worst pain over the last week had been 7/10; medications take his pain down to 2/10. The treatment plan included: refilling medications, and life counseling, home exercises, and follow up. Medications are listed as: Pantoprazole, Gabapentin, Cetirizine HCL, Hydrocodone-APAP, and Orphenadrine. The records indicate he has been utilizing Hydrocodone/APAP since at least October 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Hydrocodone 10/325 mg #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.