

Case Number:	CM15-0088148		
Date Assigned:	05/12/2015	Date of Injury:	05/31/2011
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old female with an industrial injury dated 5/31/2011. The injured worker's diagnoses include lumbar radiculopathy, elbow pain, depression, insomnia, other chronic pain, fibromyalgia and bilateral plantar fasciitis. Treatment consisted of MRI of lumbar spine dated 8/18/2011, prescribed medications, epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 4/10/2015, the injured worker reported neck pain that radiated down the left upper extremity, low back pain radiating down the bilateral lower extremities, ongoing headaches, insomnia associated with ongoing pain and chronic fatigue. The injured worker rated pain average of 7/10 with medications, an average of 9/10 without medications. Objective findings revealed 16/18 fibro tender points on fibromyalgia exam, tenderness to palpitation of the lumbar spine, moderately limited lumbar range of motion secondary to pain, decreased sensation at L5-S1 dermatome in the right lower extremity, positive straight leg raise on the right, tenderness to palpitation at left anterior shoulder and the right elbow and tenderness to palpitation at the bilateral knees and bilateral feet. The treating physician prescribed Hydrocodone 5/325mg for 3 times a day now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS states that opioids are recommended for neuropathic pain that has not responded to first-line agents such as antidepressants and antiepilepsy drugs. There are no trials of long-term use. Short-acting opioids are indicated for short-term use in moderate to severe pain. Documentation should include monitoring of the 4 A's, including pain relief, side effects, functional improvement and aberrant drug behavior. In this case there is no evidence of documentation of the 4 A's, no urine toxicology screening and no documentation of functional gain from the Hydrocodone. Therefore, the request is not medically necessary.