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| Case Number: | CM15-0089763 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 08/22/2014 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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 46 year old female, who sustained an industrial injury on 8/22/2014. She reported falling back striking the back and head on concrete with immediate pain to the right hip, low back, neck and head. She had a previous diagnosis of carpal tunnel syndrome with carpal tunnel release, however, reported that she developed worsening left carpal tunnel symptoms described as "dropping things". Diagnoses include fracture of T7, post-traumatic neck pain, upper, middle, lower back pain, bilateral hip pain, bilateral shoulder pain, and coccyx area pain. Treatments to date include activity modification, medication therapy, physical therapy. Currently, she complained of low back pain with numbness in the legs and muscle spasms in the arms. On 4/28/15, the physical examination documented tenderness and muscles spasms in cervical, thoracic, and lumbar spines with painful limited range of motion. The right shoulder and right elbow were tender to palpation. There was decreased strength noted to bilateral upper extremities. There was tenderness in the sacro-coccyx area. The plan of care documented a prescription for Hydrocodone 10/325mg #120. The appeal request was for Hydrocodone 10/325mg, one to two tablets every six to eight hours, #160.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone 10/325mg #120 is not medically necessary or appropriate.