

Case Number:	CM14-0128818		
Date Assigned:	09/16/2014	Date of Injury:	02/20/2003
Decision Date:	10/31/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Pain Management and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year-old patient sustained a repetitive use injury from computer work on 2/20/03 while employed by [REDACTED]. Request(s) under consideration include Hydrocodone/IBU 7.5-200, Days 30, and Quantity # 200. Diagnoses include chronic pain syndrome; bilateral upper extremity overuse syndrome; bilateral upper extremity CRPS; thoracic spine sprain/strain; reactionary depression/ anxiety; and cervical spine sprain/strain syndrome. Conservative care has included medications, wrist/elbow braces, physical therapy; massage therapy; chiropractic treatment; acupuncture; trigger point injections, and modified activities/rest. There is a UDS report of 12/19/12 with inconsistent results of prescribed Alprazolam not detected and unprescribed Hydrocodone detected. Previous peer review had recommendation for weaning off Vicoprofen (Hydrocodone-Ibu). UDS report of 2/4/14 detected inconsistent results for Hydrocodone, Hydromorphone, and morphine without change in pharmacological regimen. Report of 5/30/14 from the provider noted the patient with chronic ongoing neck, mid/lower back pain and CRPS of right upper extremity; remaining on Vicoprofen and Soma. The patient had TPI with 50% relief to the neck and lower back. Exam was unchanged with hypersensitivity in bilateral arms; moved slowly; palpable tenderness along posterior cervical, thoracic, and lumbar musculature bilaterally with diffuse decreased sensation of neck and lumbar spine. Medications prescribed included Hydrocodone/IBU and Carisoprodol. The request(s) for Hydrocodone/IBU 7.5-200, Days 30, and Quantity # 200 was modified for weaning on 7/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/IBU 7.5-200, Days 30, Quantity# 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

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

Decision rationale: This 49 year-old patient sustained a repetitive use injury from computer work on 2/20/03 while employed by [REDACTED]. Request(s) under consideration include Hydrocodone/IBU 7.5-200, Days 30, and Quantity # 200. Diagnoses include chronic pain syndrome; bilateral upper extremity overuse syndrome; bilateral upper extremity CRPS; thoracic spine sprain/strain; reactionary depression/ anxiety; and cervical spine sprain/strain syndrome. Conservative care has included medications, wrist/elbow braces, physical therapy; massage therapy; chiropractic treatment; acupuncture; trigger point injections, and modified activities/rest. There is a UDS report of 12/19/12 with inconsistent results of prescribed Alprazolam not detected and unprescribed Hydrocodone detected. Previous peer review of 6/28/13 had recommendation for weaning off Vicoprofen (Hydrocodone-Ibu). UDS report of 2/4/14 detected inconsistent results for Hydrocodone, Hydromorphone, and morphine without change in pharmacological regimen. Report of 5/30/14 from the provider noted the patient with chronic ongoing neck, mid/lower back pain and CRPS of right upper extremity; remaining on Vicoprofen and Soma. The patient had TPI with 50% relief to the neck and lower back. Exam was unchanged with hypersensitivity in bilateral arms; moved slowly; palpable tenderness along posterior cervical, thoracic, and lumbar musculature bilaterally with diffuse decreased sensation of neck and lumbar spine. Medications prescribed included Hydrocodone/IBU and Carisoprodol. The request(s) for Hydrocodone/IBU 7.5-200, Days 30, and Quantity # 200 was modified for weaning on 7/23/14. There has been previous peer review with recommendation to wean off Hydrocodone/Ibu in June 2013; however, the patient continues on opiates despite multiple inconsistent UDS findings without resulting in any adjustments of pharmacological regimen in accordance with guidelines criteria and pain contract for aberrant behaviors. 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 work status. 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. The Hydrocodone/ IBU 7.5-200, Days 30, Quantity# 200 is not medically necessary and appropriate.