

Case Number:	CM14-0137297		
Date Assigned:	09/05/2014	Date of Injury:	05/29/2013
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine and Rehabilitation, Pain Medicine 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 is a 46-year-old female patient who sustained industrial injuries on 10/2012 and 05/29/13. Diagnoses include L5-S1 degenerative disc disease with facet osteoarthropathy, left lumbar radiculopathy L5-S1, right shoulder impingement syndrome, degenerative changes of the labrum right shoulder, partial tear supraspinatus right shoulder. Previous treatment has included physical therapy, TENS unit, medications, as well as imaging studies. Urine drug screen performed 04/17/14 was provided and appears to be inconsistent as no medications were detected. Urine drug screen dated 06/17/14 was inconsistent, testing positive for ethanol alcohol and butalbital, and negative for prescribed hydrocodone. On 07/15/14 the patient presented with complaints of right shoulder pain rated at 7/10, low back pain with left lower extremity symptoms rated at 7/10. Patient reported nausea with tramadol and tramadol was discontinued. The patient reported medications facilitate improved activity and function. It was reported pain level is markedly decreased with medication. ADLs (activities of daily living) are maintained with medication including grocery shopping, essential household tasks and caring for self. The patient reports reduced pain with NSAIDs, but has a history of GI upset which is resolved with the use of pantoprazole. Patient is also taking cyclobenzaprine 7.5 mg 3 times daily which reduces spasm. Objective findings revealed tenderness to the right shoulder anterior aspect at the acromioclavicular joint with limited range of motion. There is tenderness to the lumbar spine. Range of motion was normal. Straight leg raise on the left was positive for pain to the foot at 35. Spasm of the lumbosacral spinal musculature was less pronounced. Plan was to continue with request for physical therapy to the right shoulder, 30 day trial of TENS unit, and refill medications. Utilization review dated 07/24/14 reveals a retrospective request for one prescription of hydrocodone 10/325 mg #60 was non-certified with the reviewing physician noting that evidence suggestive long-term opiate therapy does not generally allow the goals of

pain management to be met in chronic nonmalignant cases. Continued narcotic administration is only supported if quantified improvements in pain, function, and quality of life results. Opioids are generally not recommended unless first-line agents, such as NSAIDs, have failed. The regimen called for multiple daily doses of hydrocodone, which is not advocated by guidelines. It was an absence of compelling findings are extenuating factors to support variance from guidelines with continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone 10/325mg #60 (dos: 05/20/2014): 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): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief provided, such as VAS scores pre and post opioid use, and no indication of significant functional benefit or return to work. Functional benefit described was minimal, including basic activities of daily living; however, there is no documentation the patient would be unable to perform these activities of daily living without the use of opioids. Additionally, it is noted the patient has had multiple inconsistent urine drug screens, testing positive for medications not prescribed as well as alcohol and negative for prescribed medications. Subjective and objective benefit is not described in the records provided, there is evidence of aberrant behavior, and thus ongoing use of opioids is not indicated in this case. Therefore, retrospect of hydrocodone 10/325 mg #60 (DOS: 05/20/2014) is not medically necessary.