

Case Number:	CM14-0163837		
Date Assigned:	10/08/2014	Date of Injury:	10/30/2013
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 39-year-old male with a date of injury of 10/30/2013. The listed diagnoses per [REDACTED] are: 1. Cervical radiculopathy, bilateral, right greater than left, 2. Cervical H&P at C5-C6 to C6-C7, 3. Status post right shoulder surgery. According to progress report 08/27/2014, the patient presents with neck pain that radiates into his right arm. The patient is status post right shoulder surgery on 04/08/2014 with some intermittent pain. The patient's medication regimen includes Norco 10/325 mg, tramadol ER 150 mg, naproxen sodium 550 mg, and Norflex ER 100 mg. The medications reduce patient's pain from a 9/10 to 5/10. With his medication, the patient is able to sleep 2 to 3 hours longer and is able to walk about 10 minutes longer. The patient notes some drowsiness with his medications. Examination of the cervical spine revealed tenderness to palpation greater on the right from approximately C3-C4 to C6-C7. There is positive bilateral cervical facet joint loading. Examination of the right shoulder revealed positive Spurling's test and decreased ROM in all planes. The treater is requesting a refill of Hydrocodone/APAP 10/325 mg #30. The patient is not currently working. Utilization review denied the request on 09/16/2014. Treatment reports from 03/26/2014 through 08/27/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 63-64, 67-70, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s):.

Decision rationale: This patient presents with neck, low back, and right shoulder pain. The treater is requesting a refill for hydrocodone/APAP 10/325 mg #30. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates that the patient was first prescribed hydrocodone on 05/21/2014. A CURES report was obtained on 08/27/2014 and a urine drug screen on 06/18/2014. In this case, monthly progress reports denote decrease in pain and the treater repeatedly notes that the patient is able to walk longer and sleep better with medications. However, urine drug screen from 06/18/2014 was "negative for his prescribed medications." The treater states, "The patient was counseled on noncompliance, future negative UAs will result in termination of opiate therapy." The treater appears to at least address the four A's as required by MTUS. Recommendation is for authorization.