

Case Number:	CM14-0167901		
Date Assigned:	10/15/2014	Date of Injury:	04/28/2003
Decision Date:	11/18/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine & 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:

According to the records made available for review, this is a 34-year-old male with a 4/28/03 date of injury. At the time (10/6/14) of the Decision for Hydrocodone 10mg/Acetaminophen 325mg #180, Urine Drug Testing (UDT), Hydrocodone 10mg/ Acetaminophen 325mg #180, and Etodolac 300mg #60 with no refills, there is documentation of subjective (left shoulder pain radiating to left upper extremity) and objective (decreased left hand grip) findings. The current diagnoses include cervical/thoracic intervertebral disc degeneration, bursa of shoulder region, and shoulder joint pain. The treatment to date includes medications (including ongoing treatment with Hydrocodone10mg/Acetaminophen 325mg, Lunesta, and Etodolac). The medical reports identify that a pain contract was obtained; and Hydrocodone10mg/Acetaminophen 325mg and Etodolac reduce pain level by 60% allowing the patient to work full time and perform exercises/stretchers daily at home. Regarding Urine Drug Testing (UDT), there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg/Acetaminophen 325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic intervertebral disc degeneration, bursa of shoulder region, and shoulder joint pain. In addition, there is documentation of ongoing treatment with Hydrocodone 10mg/Acetaminophen 325mg. Furthermore, given documentation that pain contract was obtained, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Hydrocodone 10mg/Acetaminophen 325mg reduce pain level by 60% allowing the patient to work full time and perform exercises/stretching daily at home, there is documentation of functional benefit and an increase in activity tolerance as a result of Hydrocodone 10mg/Acetaminophen 325mg use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 10mg/Acetaminophen 325mg #180 is medically necessary.

Urine Drug Testing (UDT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Page(s): page(s) 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic intervertebral disc degeneration, bursa of shoulder region, and shoulder joint pain. However, despite documentation of on-going opioid treatment, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine Drug Testing (UDT) is not medically necessary.

Hydrocodone 10mg/ Acetaminophen 325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): page(s) 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic intervertebral disc degeneration, bursa of shoulder region, and shoulder joint pain. In addition, there is documentation of ongoing treatment with Hydrocodone 10mg/Acetaminophen 325mg. Furthermore, given documentation that pain contract was obtained, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Hydrocodone 10mg/Acetaminophen 325mg reduce pain level by 60% allowing the patient to work full time and perform exercises/stretching daily at home, there is documentation of functional benefit and an increase in activity tolerance as a result of Hydrocodone 10mg/Acetaminophen 325mg use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 10mg/Acetaminophen 325mg #180 is medically necessary.

Etodolac 300mg #60 with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): , page(s) 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic intervertebral disc degeneration and shoulder joint pain. In addition, there is documentation of ongoing treatment with Etodolac; and pain. Furthermore, given documentation that Etodolac reduce pain level by 60% allowing the patient to work full time and perform

exercises/stretching daily at home, there is documentation of functional benefit and an increase in activity tolerance as a result of Etodolac use to date. Therefore, based on guidelines and a review of the evidence, the request for Etodolac 300mg #60 with no refills is medically necessary