

Case Number:	CM14-0180655		
Date Assigned:	11/05/2014	Date of Injury:	01/10/2011
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal 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:

The injured worker (IW) is a 51-year-old man with a date of injury of January 10, 2011. The injured worker sustained injury to his upper back and right shoulder. The mechanism of injury was not documented in the medical record. Pursuant to the office visit note dated November 13, 2014, the patient complains of neck pain and right shoulder pain. He characterized the pain as aching, burning, heavy and tender. His current pain is 7/10. His worse pain over the last week has been 8/10. When he is not taking his medications the pain is 10/10. Pain is rated 2/10 when he is taking his medications. In addition to pain, the patient reports difficulty with activities of daily living, loss of range of motion (ROM), and neck stiffness. Objective findings revealed cervical ROM is limited by 60%; extension is limited by 70%. On palpation, moderate tenderness is noted along the acromioclavicular (AC) joint and lateral edge of the rotator cuff. Moderate atrophy at the supraspinatus and infraspinatus. Guarding at the right arm and right shoulder. The patient has been diagnosed with cervical stenosis; cervical disc degeneration; adhesive capsulitis (frozen shoulder); reversal of the cervical curve; cubital tunnel syndrome; cervical spondylosis without myelopathy; cervical syndrome NEC, discogenic pain; muscular wasting; abnormal posture with mild protraction of the neck; right AC sprains and strains; and hypertension (unspecified). Current medications include Pantoprazole sodium DR 20mg, Gabapentin 600mg, Cetirizine HCL 10mg, Orphenadrine 100mg, and Hydrocodone/APAP 10/325mg. Documentation in the medical record reveals that the injured worker has been on Hydrocodone/APAP 190/325mg since at least December 2012. The injured worker was instructed in light duty and no pushing, pulling, or work above shoulder level with the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP 10/325 mg #120 is not medically necessary. Ongoing chronic use of opiates requires an ongoing review and documentation in the medical record of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker sustained his injury January 10, 2011. The injured worker has been taking opiates since 2012. The treating physician indicates Hydrocodone helps with basic activities of daily living. The guidelines state long-term use of narcotic medication is not recommended. Additionally, there is no significant functional objective improvement documented in the medical record with the long-term use of the medications despite the presence of subjective reports of moderate pain relief. Also, the frequency with which to take the Hydrocodone/APAP is not listed in the request. There are no detailed pain assessments in the record. Consequently, Hydrocodone/APAP 10/325 mg #120 is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Hydrocodone/APAP 10/325 mg #120 is not medically necessary.