MAXIMUS Federal Services

Case Number:	CM14-0184372		
Date Assigned:	11/12/2014	Date of Injury:	03/14/2013
Decision Date:	12/19/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/05/2014

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 and Pain Management, 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 42 year old female with an injury date on 03/14/2013. Based on the 10/07/2014 progress report provided by the treating physician, the diagnoses are:1. Spinal stenosis of lumbar region2. Glenoid labrum tear3. Fibromyositis4. Spinal stenosis in cervical region5. Adhesive capsulitis of shoulderAccording to this report, the patient complains of constant low back pain that is "pinching" with pain at 4/10. Pain is aggravated with "changing body position." Heat, medications and rest help alleviate the pain. The 08/28/2014 report indicates patient's present and average pain is a 4/10. The 07/16/2014 report indicates the patient has right shoulder pain. Range of motion is limited. Hawkins, Neer's and O'Brien's test are positive. There were no other significant findings noted on this report. The utilization review denied the request on 10/14/2014.The requesting provider provided treatment reports from 05/09/2014 to 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5mg Acetaminophen 325mg 1 tab BID PO #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88-89, 76-78.

Decision rationale: According to the 10/07/2014 report, this patient presents with constant low back pain that is "pinching" with a pain at 4/10. The current request is for Hydrocodone 5mg-Acetaminophen 325 mg #60. This medication was first mentioned in the 06/06/2014 report, and it is unknown exactly when the patient initially started taking this medication.For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. Per treating physician, "Analgesic effect reported by patient reveals a 50 percent decrease in pain; adverse side effects reported by patient: none. Aberrant Drug-Related Behaviors: none." "No assistance required" with bathing, cooking, dressing, driving, and housekeeping. In this case, report shows documentation of the four A's as noted above. The request is medically necessary and appropriate.