

Case Number:	CM14-0211355		
Date Assigned:	12/24/2014	Date of Injury:	09/06/2005
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 65-year-old female with an injury date on 9/6/05. The patient complains of right upper quadrant of her abdomen, with radiation to her back per 9/22/14 report. The patient has no significant change in symptoms per 10/21/14 report. The patient is taking Pepcid, and reports that Dexilant has been helping with reflux symptoms per 9/22/14 report. The patient also reports having worsening neck and back pain, as well as bilateral knee pain, and right shoulder/hand pain with increased numbness/tingling of her right hand per 9/16/14 report. Based on the 10/21/14 progress report provided by the treating physician, the diagnoses are: 1. brachial neuritis or radiculitis not otherwise specified. 2. lumbar radiculopath. 3. shoulder impingement. 4. internal derangement of knee not otherwise specified. 5. carpal tunnel syndrome. A physical exam on 10/21/14 showed "C-spine range of motion is limited. L-spine range of motion is limited. Bilateral joint lines have tenderness to palpation, edema right - left. Left wrist is s/p left carpal tunnel surgery with healing scar, and restricted range of motion of first digit of left hand." The patient's treatment history includes medications, physical therapy, acupuncture, X-rays C-spine/L-spine, bilateral hands/bilateral knees. The treating physician is requesting 1 prescription of hydrocodone/norco 5/325mg #60 with 1 refill. The utilization review determination being challenged is dated 11/12/14. The requesting physician provided treatment reports from 3/10/14 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone/ Norco 5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): 76-78, 88-89.

Decision rationale: This patient presents with right upper quadrant pain, back pain, neck pain, right shoulder/hand pain, bilateral knee pain. The treater has asked for 1 prescription of hydrocodone/norco 5/325mg #60 with 1 refill on 10/21/14. Patient has been taking Norco since 4/2/14. For chronic opioids 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 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. In this case, a review of the reports show that the treater does not indicate a decrease in pain with current medications which include Norco. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.