

Case Number:	CM14-0074769		
Date Assigned:	07/16/2014	Date of Injury:	07/20/2001
Decision Date:	05/27/2015	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/22/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 64-year-old female, who sustained an industrial injury on 7/20/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having brachial neuritis or radiculitis, not otherwise specified, cervicgia, and pain in joint of shoulder. Treatment to date has included diagnostics, physical therapy, cervical spinal fusion surgery, right shoulder surgeries, home exercise, trigger point injections, and medications. On 4/07/2014, the injured worker complained of continued neck and right shoulder pain. Pain was rated 0-4/10 in the past week, better since trigger point injections (greater than 5 months prior). She needed more Lortab recently (1 and ½) due to returning pain. Current medications included Vicodin ES, Lasix, and Triazolam. The use of Lortab was noted for greater than 6 months. The treatment plan included continued Lortab (Vicodin ES not available), and repeat trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 10/500mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2001 and continues to be treated for neck and right shoulder pain. Medications included Lortab being prescribed on a long-term basis. The total MED (morphine equivalent dose) is 10 to 20 mg per day. The requesting provider documents that the claimant cannot perform activities of daily living and has a decreased quality of life without medications. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Lortab (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are referenced as allowing for performance of activities of daily living and improving her quality of life. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Lortab was medically necessary.