

Case Number:	CM15-0013845		
Date Assigned:	02/02/2015	Date of Injury:	06/20/1993
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 06/20/1993. She has reported subsequent neck and right shoulder pain and was diagnosed with disorder of the shoulder joint and spinal enthesopathy of the cervical region. Treatment to date has included oral pain medication, application of heat and ice, physical therapy and a TENS unit. A progress note in July 2014 indicated the claimant had 7/10 pain. At the time she was no on Norco and Robaxin. In a progress note dated 12/22/2014, the injured worker reported muscle spasm and pain in the neck and down the right arm along with numbness of the right arm. The injured worker also reported bilateral headaches. The pain was rated as 7/10 and was noted to be 3/10 at best. Objective physical examination findings were notable for decreased range of motion of the neck, pain with pressure over the facet processes bilaterally, pain in the right paracervical, superior trapezius, middle trapezius and rhomboid trigger areas and spasm in the superior and middle trapezius and rhomboid muscles. The physician noted that pain medication helped to control the injured worker's pain. The injured worker was noted to be compliant with medication. A request for Hydrocodone-Acetaminophen was submitted for moderate pain. On 01/05/2015, Utilization Review modified a request for Hydrocodone-Acetaminophen from 7.5/325 mg #90 to 7.5/325 mg #68, noting that there was no quantitative subjective improvement and that a recent urine test showed the presence of alcohol and that a slow taper should be initiated. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 7.5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning Page(s): 82-92, 124.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for over 6 months without significant improvement in pain or function. There was no indication of Tylenol failure. In addition, a tapering protocol to wean medication was not specified such as 20-50% per week. The continued use of Hydrocodone is not medically necessary.