

Case Number:	CM15-0111925		
Date Assigned:	06/18/2015	Date of Injury:	08/27/2011
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/10/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 49 year old male, who sustained an industrial injury on 08/27/2011. He reported injuring his hands, shoulders, neck, and elbows. The injured worker is currently diagnosed as having cervical spondylosis, cervical disc protrusion at C2-C7, acromioclavicular osteoarthropathy left shoulder pain, superior labral tear from anterior to posterior lesion left shoulder, supraspinatus left shoulder and partial infraspinatus tear, status post left shoulder arthroscopy/rotator cuff repair, acromioclavicular osteoarthropathy right shoulder, right shoulder tendinosis, bilateral carpal tunnel syndrome, bilateral trigger thumb, myofascial low back pain, lumbar radiculopathy, cervical pain with upper extremity symptoms, and thoracic pain. Treatment and diagnostics to date has included electro diagnostic studies that were consistent with bilateral carpal tunnel syndrome, right shoulder MRI which showed a flat acromion with supraspinatus tendinosis and synovial effusion, cervical spine MRI which showed a focal disc herniation with disc protrusion causing stenosis, injections, shoulder surgery, and medications. In a progress note dated 04/14/2015, the injured worker presented with complaints of 7/10 cervical pain, 6/10 thoracic pain, 6/10 low back pain with lower extremity symptoms, 8/10 left shoulder pain, 5/10 right shoulder pain, and 5/10 bilateral wrist/hand pain. Objective findings include cervical spine tenderness, lumbar spine spasms, thoracic spine tenderness with limited motion, and right shoulder tenderness with positive impingement signs. The treating physician reported requesting authorization for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60 BID-TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Hydrocodone 10/325mg #60 BID-TID, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has complaints of 7/10 cervical pain, 6/10 thoracic pain, 6/10 low back pain with lower extremity symptoms, 8/10 left shoulder pain, 5/10 right shoulder pain, and 5/10 bilateral wrist/hand pain. Objective findings include cervical spine tenderness, lumbar spine spasms, thoracic spine tenderness with limited motion, and right shoulder tenderness with positive impingement signs. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone 10/325mg #60 BID-TID is not medically necessary.