

Case Number:	CM15-0114485		
Date Assigned:	06/22/2015	Date of Injury:	09/01/2005
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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 58-year-old female who sustained an industrial injury on 09/01/2005. Mechanism of injury was cumulative. Diagnoses include cervical/trapezial musculoligamentous sprain and strain with bilateral upper extremity radiculitis with anterolisthesis of C3 on C4, history of C5 through C7 fusion in the 1980's, lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, spondylosis and degenerative disc disease from L3 through L5, bilateral shoulder periscapular strain/ sprain, bursitis, tendinitis, impingement and acromioclavicular osteoarthritis, bilateral wrist and hand swelling, rule out carpal tunnel syndrome, bilateral knee sprain/strain, with patellofemoral arthralgia, and Grade II-III tear of the posterior horn of the medial meniscus and Grade II tear of the posterior horn of the lateral meniscus on the left. Treatment to date has included diagnostic studies, and medications. The most recent physician progress note dated 02/26/2015 documents the injured worker has continued to experience buckling of the left knee. She has ongoing pain in her low back that is increased with pronged sitting. She has off and on stiffness in her neck. She also has ongoing stiffness in her wrists with numbness and tingling in the arms. Examination of her knees reveals tenderness to palpation over the left greater than the right medial and lateral joint lines. There is crepitus with motion. Left knee flexion is 125 degrees and extension is 0 degrees. The lumbar spine is tender to palpation over the paravertebral musculature and sacroiliac joints bilaterally. Straight leg raise elicits increased low back pain. Range of motion is restricted. The injured worker ambulates with a seated walker. Treatment requested is for Hydrocodone/APAP 7.5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/Apap 7.5/325mg #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 Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first 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 a several months without significant improvement in pain or function. There was no mention of response scores to medications or failure of Tylenol. The continued use of Hydrocodone is not medically necessary.