

Case Number:	CM15-0114644		
Date Assigned:	06/22/2015	Date of Injury:	07/31/2003
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old male, who sustained an industrial injury on 7/31/2003. The injured worker was diagnosed as having pain in shoulder joint and pain in lower leg joint. Treatment to date has included diagnostics, medications, Synvisc injections, aquatic therapy, home exercise, and surgery to the knees (2004), right ankle (2005), and bilateral shoulders (unspecified). Currently, the injured worker complains of chronic left shoulder and bilateral knee pain. It was documented that he used 2-3 Norco per day, depending on activity, reported no adverse effects, and had functional benefit of increased tolerance for walking and standing. A review of symptoms noted anxiety and depression. Past medical history noted dizziness, headaches, and sleep disturbance. He reported that Norco reduced pain by 30-40%. Urine toxicology was inconsistent with expected results per the progress report on 12/04/2014. Urine toxicology reports were not submitted. A supplemental report (2/18/2015) noted that he was a good candidate for ongoing pain management with Norco. The use of Norco (up to three times daily) was noted for greater than 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, #90 (3 x a day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of change in medication profile for reported inconsistent random drug testing per report of 12/4/14 or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Hydrocodone/APAP 10/325mg, #90 (3 x a day) is not medically necessary or appropriate.