

Case Number:	CM15-0122668		
Date Assigned:	07/06/2015	Date of Injury:	04/17/2001
Decision Date:	08/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 40-year-old male injured worker suffered an industrial injury on 4/17/2001. The diagnoses included Chronic bilateral shoulder impingement after surgical procedures of both shoulder with residuals, bilateral elbow strain with residual motion loss and strength loss, traumatic arthritis of the left shoulder, epicondylitis of the right and left elbow, chronic low back pain with radiculopathy, cervical nerve root impingement with severe neuropathy and sleep disturbance due to pain. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with lumbar epidural steroid injections, medications and chiropractic therapy. On 5/22/2015 the treating provider reported on exam restriction in cervical range of motion. He had nerve root irritation along the cervical spine. He had weakness in the biceps and triceps on the left more than right side. There was positive straight leg raise. There was sacral nerve root irritation. He continued lower extremity weakness. He had been receiving chiropractic therapy because the pain had been so severe and was able to decrease some of the medications. The provided noted the injured worker was getting worse. It was not clear if the injured worker had returned to work. The treatment plan included Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #120: Upheld

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

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

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided indicated that the injured worker had been able to reduce the dosages of the Hydrocodone with the addition of chiropractic therapy. However, there was no comprehensive pain assessment and evaluation. There was no evidence of functional improvement noted. The provider noted that injured worker was getting worse. The short acting formulation of Hydrocodone is only manufactured in combination with other medications. Therefore, Hydrocodone was not medically necessary.