

Case Number:	CM15-0170629		
Date Assigned:	09/11/2015	Date of Injury:	09/15/2009
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old female sustained an industrial injury on 9-15-09. Diagnoses include lumbago. Treatments to date include MRI testing, lumbar surgery, physical therapy and prescription pain medications. The injured worker has continued complaints of bilateral shoulder, bilateral elbow, bilateral wrist, thoracic and low back pain. An MRI of the lumbar spine dated May 2013 reveals evidence of prior surgery. The injured worker has remained off work. Upon examination, there is tenderness of the cervical and lumbar spine. Lumbar range of motion is reduced. Straight leg raise is positive on the left. Spasm is noted in the lumboparaspinal musculature. Tenderness was noted in the cervical spine. Cervical range of motion is limited. Bilateral shoulder ranges of motion are reduced. Positive impingement signs were noted. Positive Tinel's are noted in the bilateral cubital tunnel. Lumbar, thoracic and cervical pain was reported to be 6 out of a scale of 10. A request for Hydrocodone 10mg #60 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury in September 2009 and is being treated for bilateral upper extremity pain and thoracic and low back pain. When seen, extended release tramadol and Norco were being prescribed. Medications were providing a 3-4 point decrease in pain scores with improved activity and exercise tolerance. Physical examination findings included cervical, lumbar, and bilateral shoulder tenderness. There was decreased range of motion. There was decreased upper extremity strength and upper extremity and lower extremity sensation. Left straight leg raising was positive. There was positive right shoulder impingement and left shoulder Jobe testing with left shoulder deltoid atrophy. There was a positive Tinel's sign at the elbow bilaterally. Medications were refilled at a total MED (morphine equivalent dose) of 80 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved activity and exercise tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.