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| Case Number: | CM15-0173313 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 03/30/2011 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

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:

This is a 47 year old female with a date of injury on 3-30-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, pain in joint upper arm, pain in joint shoulder and thoracic or lumbosacral neuritis or radiculitis unspecified. Medical records (3-12-2014 to 12-12-2014) indicate ongoing neck pain radiating to the right shoulder. According to the progress report dated 12-12-2014, the injured worker reported doing physical therapy with benefit. She reported still having soreness in her right shoulder. The physical exam (12-12-2014) documented "JAMAR: RT 28, 30, 30 LT 30, 8, 26. Scar intact, skin intact, NV improving. Soft collar intact." It was noted that a urine toxicology screen was performed. Treatment has included physical therapy and medications. The injured worker has been prescribed Norco since at least 6-11-2013. The most recent progress report submitted was from 12-12-2014. The original Utilization Review (UR) (8-4-2015) non-certified a request for Hydrocodone-APAP.

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: Upheld

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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with neck pain radiating to right shoulder. The request is for HYDROCODONE/APAP 10/325MG, #90. The request for authorization is not provided. MRI of the cervical spine, 06/04/13, shows right paracentral disc protrusion at the C6-7 level causes spinal cord compression; borderline spinal stenosis at the C5-6 level. Physical examination reveals thyroidectomy scar intact. Positive Spurling's. Patient states she is doing physical therapy, with benefit. Patient's medications include Norco and Robaxin. Per progress report dated 12/12/14, the patient to remain off work. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Treater does not specifically discuss this medication. Patient has been prescribed Hydrocodone-APAP since at least 06/11/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Hydrocodone-APAP significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Hydrocodone-APAP. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 12/12/14, but no CURES or opioid contract. In this case, treater has not adequately discussed the 4A's as required by MTUS. Therefore, the request is not medically necessary.