

Case Number:	CM15-0178670		
Date Assigned:	09/18/2015	Date of Injury:	04/16/2004
Decision Date:	10/27/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 4-16-2004. The injured worker was diagnosed as having chronic daily headaches, nausea, gastroesophageal reflux disease, neurodermatitis, cauda equine positive magnetic resonance imaging, depression, cervical dystonia with C6 radiculopathy, and shoulder pain. Treatment to date has included diagnostics, trigger point injections x6 on 9-10-2014, aquatic therapy, and medications. Currently (7-01-2015), the injured worker complains of "severe" left shoulder pain, chronic daily headaches, lower back and cervical spine pain, depression, anxiety, and fatigue. Objective findings included asymmetric left shoulder and slight decrease in adduction due to pain. Cervical spine spasm and decreased range of motion were documented. Left upper extremity strength was 4 of 5. Magnetic resonance imaging of the cervical spine (3-2011) was documented as showing "left C6 root compression". Magnetic resonance imaging of the cervical spine (10-2014) was documented as showing "2 disc bulges". Electromyogram and nerve conduction studies of the upper extremities (10-2014) were documented as showing "acute left C6". Medications included Fioricet, Vicodin, Cymbalta, Treximet, Flonase, and Prilosec. She remained off work. Pain was not rated and functional status was not described. The use of Vicodin was noted since at least 4-01-2015 and urine toxicology was not submitted. The treatment plan included refill Hydrocodone-APAP 7.5-325mg, #90 for 22 day supply, modified by Utilization Review to Hydrocodone-APAP 7.5-325mg, #81, for progressive wean at 10% per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 7.5-325mg Qty: 90/22 day supply: 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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of hydrocodone/APAP nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.