

Case Number:	CM15-0179945		
Date Assigned:	09/21/2015	Date of Injury:	07/04/2015
Decision Date:	10/28/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: Preventive Medicine, Occupational 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 injured worker is a 45 year old male, who sustained an industrial injury on 07-04-2015. He has reported injury to the head, neck, shoulders, arms, chest-ribs, legs, knees, ankles, and upper-middle-lower back. The injured worker has been treated for multiple fractures in cervical spine, thoracic spine, and lumbar spine headaches, history of closed head trauma; bilateral shoulder pain, sprain-strain; bilateral knee pain, sprain-strain; bilateral ankle pain, sprain-strain; ribcage pain; abdominal pain; and testicular pain. Treatment to date has included medications, diagnostics, bracing, walker, and activity modification. Medications have included Ibuprofen, Dilaudid, Valium, Colace. A progress report from the treating physician, dated 07-28-2015, documented an evaluation with the injured worker. The injured worker reported frequent headaches, associated with dizziness, problems focusing, and difficulty sleeping; the pain is rated as 0 without activities and 8 out of 10 in intensity with activities; continuous neck pain with pain radiating into the bilateral upper extremities; the pain is rated as 7 without activities, and 9 out of 10 in intensity with activities; continuous right shoulder and arm pain; the pain is rated at 6 without activities and 8 out of 10 in intensity with activities; continuous left shoulder and arm pain; the pain is rated at 8 without activities, and 9 in intensity with activities; continuous upper, middle, and lower back pain, with pain radiating into the bilateral lower extremities; the lower back pain is rated at 7 without activities, and 9 out of 10 in intensity with activities; continuous pain in his ribcage and chest; the pain is rated at 6 without activities, and at 9 out of 10 in intensity with activities; intermittent pain in his stomach, rated at 0 without activities, and at 8 out of 10 in intensity with activities; intermittent pain in his testicles; the pain is rated as 0

without activities, and at 8 out of 10 in intensity with activities; continuous right knee pain; the pain is rated as 7 without activities, and as 8 out of 10 in intensity with activities; left knee pain; the pain is rated as 5 without activities, and as 8 out of 10 in intensity with activities; continuous right and left ankle pain; and the pain is rated as 8 without activities, and 10 out of 10 in intensity with activities. Objective findings included he is using lumbar spine, cervical spine, and bilateral knee braces, and a walker; he is in moderate distress; anxious and depressed; he has an antalgic gait and uses a walker; diffuse point tenderness of the bilateral ribs; there is tenderness in the abdomen with guarding; tenderness is noted over the bilateral cervical paraspinals and upper trapezius, positive midline tenderness, decreased cervical ranges of motion with pain throughout; tenderness and spasm are noted over the bilateral thoracic paraspinals; tenderness and spasms are noted over the bilateral lumbar paraspinals and quadratus lumborum, positive midline tenderness, and diminished sensation to light touch and pinprick over the paravertebral region; unable to do thoracic and lumbar spine ranges of motion; tenderness and spasms noted at the bilateral shoulders, and decreased ranges of motion with pain throughout bilaterally; diffuse tenderness to the bilateral knees; there is pain throughout bilaterally with ranges of motion; diffuse ankle tenderness bilaterally; and there is full range of motion of the ankle, but there is pain throughout. The treatment plan has included the request for Hydrocodone-Acetaminophen 30-325 mg #30; and Tylenol No.3 with codeine 300-30 mg #30. The original utilization review, dated 07-28-2015, non-certified a request for Hydrocodone-Acetaminophen 30-325 mg #30; and Tylenol No.3 with codeine 300-30 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 30/325 mg #30: 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 for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, this is a request for initiation of Hydrocodone. There was a concurrent request for initiation of Tramadol as well as the initiation of Tylenol #3. There is no rationale included in the available documentation for starting the injured worker on 3 different opioid pain medications. The request for Tramadol was approved, therefore, the request for Hydrocodone/APAP 30/325 mg #30 is determined to not be medically necessary.

Tylenol No. 3 with codeine 300/30 mg #30: 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 for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, this is a request for initiation of Tylenol 3. There was a concurrent request for initiation of Tramadol as well as the initiation of Hydrocodone. There is no rationale included in the available documentation for starting the injured worker on 3 different opioid pain medications. The request for Tramadol was approved, therefore, the request for Tylenol No. 3 with codeine 300/30 mg #30 is determined to not be medically necessary.