

Case Number:	CM15-0039059		
Date Assigned:	03/09/2015	Date of Injury:	06/18/2013
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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: Georgia, California, Texas

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 53 year old female, who sustained an industrial injury on 6/18/2013. Currently she reports constant, severe neck and mid back pain that is sharp and stabbing, constant, severe and sharp left shoulder pain, and constant, severe and sharp, radiating low back pain. The injured worker was diagnosed with, and/or impressions were noted to include: left shoulder effusion with moderate acromioclavicular joint arthrosis, and full-thickness articular surface tear of the tendon and chronic capsulitis; thoracic sprain/strain; cervical sprain/strain; and radiculitis. Treatments to date have included consultations, with diagnostic laboratories, x-rays, and magnetic resonance imaging - left shoulder (9/17/13 & 2/28/14); electromyogram and nerve conduction studies to the cervical spine (3/26/14); left shoulder surgery; a home exercise program; a dynasplint for home; and medication management. The latest physician examination, dated 1/5/2015, notes the injured worker feeling she is unable to perform her current duties, and is temporarily totally disabled through 3/30/2015. The current treatment plan includes recommendations for continued pain management medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 10/325, per 01/16/15 prescription date quantity:120.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Despite long-term opioid use, no significant symptomatic or functional improvement is documented. The injured worker continues to report severe pain levels and significant limitations in activities of daily living. Monitoring for evidence of aberrant medication behavior through use of pill counts, drug screens, or CURES reports is not documented. Medical necessity is not established for the requested hydrocodone/APAP.