MAXIMUS Federal Services

Case Number:	CM15-0063916		
Date Assigned:	04/08/2015	Date of Injury:	02/02/2010
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/03/2015

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:

The injured worker was a 49 year old male, who sustained an industrial injury, February 2, 2010. The injured worker received the following treatments in the past Trazadone, Lyrica, Flexeril, Nexium, Colace, Senokot, Cymbalta, Duloxetine, Zanaflex, Norco, cervical facet nerve block, cervical spine MRI and laboratory studies. The injured worker was diagnosed with right and left carpal tunnel syndrome with bilateral release surgery, congenital cervical stenosis with left cervical radiculopathy, bilateral cervical radiculopathy, chronic insomnia, chronic pain insomnia, depression, anxiety and chronic lower back pain without restriction of range of motion. According to progress note of March 3, 2015, the injured workers chief complaint was left upper extremity pain. The pain was rated a 6.5 out of 10; 0 being no pain and 10 being the worse pain. The injured worker stated the pain medication was working and denied any side effects. The physical exam noted tenderness of the cervical spine in the paraspinal muscles bilaterally. There was tenderness of the rhomboids and trapezius. The lumbar spine had limited range of motion due to pain. There was tenderness with palpation of the paravertebral muscles, spasm and tenderness noted on both sides. Lumbar facet loading was positive on both sides. There was painful range of motion in all directions. Due to the reduction in pain medication the injured worker was having increased neck pain and was unable to remain functional. The treatment plan included a prescription renewal for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone/Acetaminophen 5/325mg #90 is not medically necessary and appropriate.