

Case Number:	CM15-0073134		
Date Assigned:	04/23/2015	Date of Injury:	09/05/2007
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42-year-old female, who sustained an industrial injury on 9/5/07. The injured worker has complaints of upper neck pain and upper extremity pain. The diagnoses have included left shoulder pain; insomnia; complex regional pain syndrome, left upper extremity and chronic pain. Treatment to date has included stellate ganglion block; magnetic resonance imaging (MRI) of the cervical spine, left shoulder and left brachial plexus; electromyography / nerve conduction studies; X-rays of the cervical spine and left shoulder; left shoulder surgery; home exercise program; physical therapy in warm-water and muscle relaxant, opioid pain and sleep aid medications. The request was for hydrocodone-APAP (acetaminophen) 10/325 mg (1 tablet 3 times daily) quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP (acetaminophen) 10/325 mg (1 tablet 3 times daily) Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids Page(s): 51, 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78-80.

Decision rationale: Hydrocodone-APAP (acetaminophen) 10/325 mg (1 tablet 3 times daily) Qty 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued hydrocodone-APAP is not medically necessary.