

Case Number:	CM15-0079964		
Date Assigned:	04/30/2015	Date of Injury:	04/16/2013
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 71 year old male, who sustained an industrial injury on April 16, 2013. He reported falling off his bike with severe pain in his right shoulder. The injured worker was diagnosed as having shoulder pain, knee pain, forearm pain, ankle joint pain, and epicondylitis. Treatment to date has included rotator cuff surgery, MRI, physical therapy, cortisone injection, and medication. Currently, the injured worker complains of right shoulder pain, right elbow pain, right knee pain, and right ankle pain. The Treating Physician's report dated April 7, 2015, noted the injured worker's current medications as Hydrocodone/APAP, Omeprazole, Nizatidine, Fenoprofen, Colace, Metoprolol, Cozaar, Doxazocin, Hydrochlorothiazide, Lipitor, Effient, Zetia, Nortriptyline, Nitroglycerin, and Aspirin. Physical examination was noted to show elbow tenderness medial and lateral epicondyle, with tenderness of the right ankle joint, and decreased right knee range of motion (ROM). The treatment plan was noted to show a refill of Hydrocodone and recommendation for a right elbow lateral epicondyle and BR tendon cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 602, Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Hydrocodone with acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing anxious and depressed mood and pain in the right shoulder, elbow, knee, and ankle. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. In the absence of such evidence, the current request for 60 tablets of hydrocodone with acetaminophen 10/325mg is not medically necessary.