MAXIMUS Federal Services

Case Number:	CM15-0093709		
Date Assigned:	05/20/2015	Date of Injury:	11/11/2011
Decision Date:	07/31/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/14/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58 year old female, who sustained an industrial injury on November 11, 2011. She reported an injury to her neck and left shoulder. Treatment to date has included MRI of the cervical spine, MRI of the left shoulder, topical compounds, physical therapy, activity modifications, orthopaedic consultation, NSAIDS and pain medications. An evaluation on December 8, 2014 revealed the injured worker continued with neck pain, shoulder pain and low back pain. She rated her pain a 7 on a 10-point scale. Her mediation regimen at the December 8, 2014 evaluation included Naproxen as needed for pain and inflammation, cyclobenzaprine as need for muscle relations, pantoprazole as needed to protect the stomach and hydrocodone/APAP as needed for pain. On physical examination the injured worker had decreased range of motion of the left shoulder, the cervical spine and the thoracic spine. The diagnoses associated with the request include left shoulder sprain/strain, left shoulder impingement, cervical spine sprain/strain, and thoracic spine sprain/strain. The treatment plan includes urine toxicology screen, Naproxen, Cyclobenzaprine, Flurbiprofen/Tramadol compound, Gabapentin/Dextromethorphan/Amitriptyline compound medication and continued Hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51, 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. As such, the request for Hydroco/APAP 10/325mg #120 is not medically necessary.