

Case Number:	CM15-0097917		
Date Assigned:	06/03/2015	Date of Injury:	06/05/2008
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 06/05/2008. The injured worker noted low back pain, neck pain, and shoulder pain as a result of a fall at work. On provider visit dated 04/21/2015 the injured worker has reported low back and neck pain. On examination of the lumbar spine revealed a limited range of motion with pain. Tender to pressure bilaterally paraspinals area. Straight leg test was positive bilaterally. Cervical range of motion was limited with noted neck and base of skull pain, tenderness to pressure bilaterally paraspinaly in the mid to low cervical region and over the lateral trapezius. The diagnoses have included low back pain with lumbar radiculopathy status post previous lumbar decompression, neck pain with cervical radiculopathy and bilateral shoulder pain. Treatment to date has included medication Tylenol, Amlodipine, Senna, Oxycodone and hydrocodone. The provider requested compound medication: Hydrocodone Bitartrate 100% 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Hydrocodone Bitartrate 100% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound hydrocodone bitartrate 100%, #120 g is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are low back pain with lumbar radiculopathy, status post lumbar decompression; neck pain with cervical radiculopathy; and bilateral shoulder pain. A progress note from February 25, 2015 shows the injured worker was taking hydrocodone 10 tablets per day. The treating provider wanted to limit the amount of Tylenol and subsequently wrote a prescription for Percocet (oxycodone). It appears the treating provider changed hydrocodone 10 mg (no Tylenol) to Percocet 10/325 mg (with Tylenol). There is no clinical rationale in the medical record for the medication change. In a March 24, 2015 progress note, there was no significant benefit with oxycodone. The injured worker developed dyspeptic symptoms and bloating. Oxycodone was then discontinued and hydrocodone was restarted. The request for authorization is April 23, 2015. There is no contemporaneous clinical documentation on or about April 23, 2015 progress note. The documentation does not contain evidence of objective functional improvement, risk assessments or detailed pain assessments. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, risk assessment and detailed pain assessments with a clinical rationale changing one opiate to another with and without Tylenol, compound hydrocodone bitartrate 100%, #120 g is not medically necessary.