

Case Number:	CM13-0009339		
Date Assigned:	10/11/2013	Date of Injury:	04/08/1999
Decision Date:	01/29/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old injured worker who reported an injury on 05/05/1999. The patient is currently diagnosed with cervical sprain and strain, cervical discopathy at C4-5 and C5-6, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, gastrointestinal complaints, and shoulder pain. The patient was recently evaluated by [REDACTED] on 09/13/2013. The patient reported persistent neck pain, as well as bilateral upper extremity radiculopathy. Physical examination revealed tenderness to palpation over the paravertebral musculature as well as trapezius musculature, mild guarding on flexion and extension, audible crepitation, and decreased grip strength bilaterally. Treatment recommendations included continuation of conservative treatment to include current prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, quantity 60, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent cervical pain with bilateral upper extremity radiculopathy. There are no changes to the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in functional level, or overall improved quality of life. The request for Hydrocodone 10/325mg, quantity 60, 3 refills, is not medically necessary and appropriate.

One year gym/pool membership at 24hr fitness: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is need for equipment. Based on the clinical information received, the patient does not currently meet criteria for the use of a gym membership. There is no evidence that this patient's home exercise program has not been effective. The request for one year gym/pool membership at 24hr fitness is not medically necessary and appropriate.