

Case Number:	CM13-0013681		
Date Assigned:	10/01/2013	Date of Injury:	09/03/2009
Decision Date:	01/23/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/19/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 female who reported injuries that occurred between November of 2000 and 09/03/2009. The mechanism of injury was not submitted. The clinical documentation submitted for review stated the patient complained of pain to the back, neck, bilateral wrists and bilateral upper extremities. The patient has had multiple injuries to back, neck, hips, legs, and upper extremities. The patient was diagnosed with bilateral carpal tunnel syndrome in November to December of 2009. The patient's major complaint was about her neck and arms. The clinical documentation submitted stated that the patient received another injury on 07/13/2013. The clinical documentation submitted stated the patient's range of motion to the neck is limited and painful, the patient has lost mobility to move right shoulder over her head, local tenderness with muscle guarding and spasm across the midline of the cervical spine. The patient has since been diagnosed with chronic strain/sprain of the neck with radiculopathy non-verifiable into the right upper extremity, continued trauma through September 3, 2009 and specific blunt trauma injury to the knuckles of the right hand on 07/13/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/500mg #40: 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 Opioids
Page(s): 80-82, 78.

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted does not support the request. CA MTUS Chronic Pain Medical Treatment guidelines do not recommended opioids as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. The clinical documentation submitted does not indicate medication treatment of the patient, current pain level, a recent physical examination, or physical symptoms of the patient. CA MTUS Guidelines also note there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. However, this was not documented in the clinical information submitted. As such, the submitted recommendation is non-certified.