

Case Number:	CM13-0019918		
Date Assigned:	10/11/2013	Date of Injury:	07/12/2004
Decision Date:	04/09/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/04/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This gentleman has been under the care of a physician and received Naprosyn, hydrocodone, and gabapentin over a course of time. His diagnosis has been upper back and neck myofascial pain syndrome, facet arthropathy of the lumbar spine, degenerative disc disease of the lumbar and cervical spine, and chronic pain syndrome. The treatment aside from medicines include trigger point injections, acupuncture, pain psychologist, epidural steroid and ganglion blocks, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- Inflammatory(NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory, Page(s): 22.

Decision rationale: Naprosyn is an anti-inflammatory and is appropriate for treating osteoarthritic processes of which this claimant has. Therefore, it is reasonable and appropriate to continue.

Hydrocodone/APAP, 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, On going Management..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, On going Management.

Decision rationale: Hydrocodone is a narcotic medicine for acute pain. However, chronic pain is not indicated for narcotic medicines. It appears this pain is chronic in nature based upon the records reviewed.

1 Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing..

Decision rationale: While taking narcotic medicines a urine drug screen may be appropriate to rule out any confounding factors such as noncompliance. This would only be needed until the hydrocodone has been completely weaned.