

Case Number:	CM13-0029835		
Date Assigned:	11/01/2013	Date of Injury:	09/15/2008
Decision Date:	01/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/27/2013

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 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.

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 is a 27-year-old male who was injured on 9/15/08. Recent clinical records for review include a 9/19/13 assessment. He was with subjective complaints of low back pain radiating into the bilateral lower extremities, left greater than right, as well as associated complaints of shoulder pain, knee pain, and bilateral hip pain. He was given a diagnosis of Chronic Regional Pain Syndrome and stated that he was with an upcoming psychiatric clearance for the role of a spinal cord stimulator trial. It indicated at that time that he was to continue with medications in the form of Naproxen, Senokot, and Hydrocodone. The records indicate that Chronic Regional Pain Syndrome was to the right upper extremity and shoulder with described neuropathic process that has been treated on numerous occasions with prior stellate ganglion blocks. A prior assessment dated 7/16/13 indicates that medication has been helping diminish the pain slightly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Bit/APAP 7.5/500mg 30 #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the continued role of Hydrocodone in this case appears medically necessary. The claimant is with significant

underlying pain diagnosis include Chronic Regional Pain Syndrome and lumbar radiculopathy for which referral for a spinal cord stimulator is being recommended for the upper extremities at present. Given the claimant's ongoing issues, the continued role of short-acting narcotic analgesic from which July 2013 assessment showed slight improvement in his pain complaints, would continue to be medically necessary given the claimant's underlying diagnosis.