

Case Number:	CM13-0034686		
Date Assigned:	12/11/2013	Date of Injury:	05/09/2002
Decision Date:	02/07/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, and bilateral upper extremity pain reportedly associated with an industrial injury of May 9, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and work restrictions. In a utilization review report of September 6, 2013, the claims administrator denied a request for Norco. The applicant's attorney later appealed. An earlier clinical progress note of July 31, 2013, is notable for comments that the applicant reports persistent upper extremity and neck pain, 4/10 to 6/10. The applicant states that usage of Lexapro, Naprosyn, Norco, and Terocin allows her to function and decreases her pain levels. She exhibits 5-/5 upper extremity strength. Refills of medications are issued. Work restrictions are again endorsed. In a questionnaire of July 31, 2013, the applicant states that her medications decrease her pain level, improve her activity, and improve her sleep while causing side effects including sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN 10/325MG; QTY 135: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 Page(s): 80 of 127.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, the applicant meets two to three aforementioned criteria. She does report diminution in pain levels and improved performance of activities of daily living as a result of ongoing opioid usage. It does not appear that she has returned to work, although this is not clearly stated. While there is some report of adverse medication effects including sedation, these appear to be relatively minimal and are outweighed by the applicant's improvement in function and reduction in pain scores. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.