

Case Number:	CM13-0034806		
Date Assigned:	03/28/2014	Date of Injury:	07/17/2007
Decision Date:	06/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice Nevada. 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 expert 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 47 year old female injured on 07/17/07 due to undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Current diagnoses included cervical discopathy, lumbar discopathy, and bilateral knee sprain/strain. Clinical documentation indicated the patient received ongoing evaluation for chronic neck pain, persistent headaches, and low back pain radiating to the lower extremities. Clinical documentation dated 02/06/14 indicated the patient was non-compliant with oral medications due to gastric irritation resulting in increased use in transdermal creams which she found to be beneficial. Clinical note dated 03/05/14 indicated the patient presented for complaints of neck, low back, and bilateral knee pain rated at 8/10 in severity. Current medication regimen included tramadol 50mg four to six hours PRN and omeprazole 20mg BID PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 77.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The most recent clinical notes make no reference to the use of Norco. Additionally, the patient showed reported gastric discomfort as a result of oral pain medications. Therefore, the request for Hydrocodone/APAP 10/325 mg is not medically necessary and appropriate.