

Case Number:	CM13-0035426		
Date Assigned:	12/13/2013	Date of Injury:	02/01/2010
Decision Date:	02/06/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and Pulmonary Diseases 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 patient is a 58-year-old female who reported an injury on 02/01/2010. The patient is diagnosed with cervical radiculopathy, bilateral carpal tunnel syndrome, bilateral shoulder impingement syndrome, lumbar spine radiculopathy, plantar fasciitis, gastropathy secondary to pain medication, anxiety reaction, sleep disorder, and status post cholecystectomy. According to a record review and report submitted by [REDACTED] on 11/07/2013, the patient was seen on 10/16/2013 for a follow-up visit. The patient complained of pain in bilateral knees, neck, lower back, right shoulder, and right wrist. Physical examination revealed cervical spine tenderness, spasm, decreased range of motion, reduced sensation, tenderness to bilateral shoulders, restricted range of motion, positive impingement sign, tenderness over the paravertebral muscles as well as spasm, restricted range of motion, and reduced sensation in bilateral L5 dermatomal distributions. The patient also demonstrated positive joint line tenderness to the left knee with positive McMurray's testing. The patient's medications were refilled at that time, and the patient was given Norco to replace Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Hydrocodone (Vicodin ES 7.5/750 mg) 1 tablet PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted for review, the patient had continuously utilized this medication. Despite the ongoing use, the patient continued to present with complaints of pain over multiple areas of the body. Satisfactory response to treatment had not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use of an opioid medication cannot be determined as medically appropriate. As such, the request is non-certified.