

Case Number:	CM13-0054293		
Date Assigned:	12/30/2013	Date of Injury:	01/09/2006
Decision Date:	05/02/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine, has a subspecialty in 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 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 53-year-old who reported an injury on January 9, 2006. The mechanism of injury was not stated. The patient is currently diagnosed with left cervical radiculopathy, central and left foraminal disc protrusion, moderate neural foraminal stenosis, cervical facet joint arthropathy, cervical sprain, and non-industrial hypertension. The patient was seen by [REDACTED] on October 7, 2013. The patient reported persistent left neck and left upper extremity pain. Current medications include Norco 5/325mg. Physical examination revealed restricted range of motion, positive provocative maneuvers, spasm, positive Spurling's maneuver, and diminished strength in the left biceps, left pronator teres, and left wrist extensors. Treatment recommendations included a refill of hydrocodone 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/325MG #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation submitted, the patient has continuously utilized Norco 5/325mg, twice per day on an as needed basis. Despite ongoing use of this medication, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. The request for hydrocodone 5/325 mg, fifty count, is not medically necessary or appropriate.