

Case Number:	CM13-0064428		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2008
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 45 year old male who reported an injury on 10/11/2008. The mechanism of injury reported was sharp immediate pain to his neck area while pushing a patient in a bed forcefully turning the bed to avoid hitting a wall. Surgeries noted were a neck surgery in 04/2009. The patient then completed postoperative physical therapy. After returning to modified duties at work in 2009 he worked until December 2009 then in January 2010 a new MRI was done and he was found to have a bulge to his C-7 disc and surgery was recommend but the patient refused. Therapy was again done and completed after March 2010, with no beneficial relief in symptoms noted. A one month trail of a tens unit was tried and was returned due to no results noted by the patient. Per the clinical record dated 05/13/2013, the patient just had medication management for the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (hydrocodone/APAP 10/325) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 91-92.

Decision rationale: California MTUS recommends the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consultation if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consultation if there is evidence of substance misuse. The patient has noted ongoing chronic pain with no documentation from pain clinic and no documentation of a history of the doctor attempting to weans the patient as per the guidelines and with no objective documentation. Therefore the request Decision for Norco (Hydrocodone/APAP 10/325) #60 is not medically necessary and appropriate.