

Case Number:	CM13-0070965		
Date Assigned:	02/14/2014	Date of Injury:	04/28/2007
Decision Date:	06/09/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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 an employee of [REDACTED] and has submitted a claim for strain and sprain of cervical and lumbosacral spine associated with an industrial injury date of April 28, 2007. Treatment to date has included NSAIDs, opioids, narcotics, analgesics patches, physical therapy, and surgery. Medical records from 2012 to December 2, 2013 were reviewed. Patient complained of moderate to severe chronic cervical and lumbosacral pain. Cervical spine pain was accompanied by weakness and radiation on both upper extremities with numbness, tingling, and paresthasias bilaterally. Repetitive twisting, turning, bending of the head and neck aggravated the pain. Lumbosacral pain was also accompanied by weakness and radiation to both lower extremities with numbness, tingling, and paresthasias. Limitation of activities of daily living was noted due to lumbosacral pain. Physical examination of the cervical spine area showed generalized spinous process tenderness throughout the cervical spine, occipital tenderness, and trapezius muscle spasm bilaterally. Range of motion of cervical spine was restricted at flexion of 20 degrees, extension of 25 degrees, right and left lateral side bending of 10 degrees; and right and left rotation of 40 degrees. Physical examination of the lumbosacral area showed spinous process tenderness, paraspinal muscle guarding and tenderness, left sciatic notch tenderness, and a slight right sciatic notch tenderness. Range of motion of lumbosacral spine was restricted at flexion of 35 degrees, extension of 5 degrees, right and left lateral side bending of 10 degrees. Utilization review from December 12, 2013 modified the request for Hydrocodone/APAP 10/325 mg, #60 to Hydrocodone/APAP 10/325 mg, #30. Reason for modification was to allow a weaning process or to allow the provider time to document objective evidence of derived functional benefit, if any.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP/10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been using Hydrocodone/APAP as early as September 2012 for pain relief. However, proper documentation concerning continued analgesia, continued functional benefits, lack of adverse effects or aberrant behavior are lacking. Furthermore, urine drug screening on 07/31/2013 and 04/17/2013 revealed negative opioid levels and there has been no management response regarding this. Therefore, the request for Hydrocodone/APAP 10/325 mg, #60 is not medically necessary and appropriate.