

Case Number:	CM14-0001282		
Date Assigned:	01/24/2014	Date of Injury:	07/14/2012
Decision Date:	06/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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:

This is a 50 year-old male patient, with a 7/14/12 date of injury. He fell off a 3-foot step ladder and landed on his head, neck, shoulder and arm. On 12/14/12, the patient described pain as constant dull and achy. VAS of 8-10/10. The patient occasionally felt sharp and burning pain, which radiates to left upper back, occipital area, shoulder (posterior) and left upper extremity. Worst pain with keeping the head up for a long time, looking to the side or lifting anything heavy. He had diminished sensation to pinprick and temperature in the C4/C5/C7 dermatomes, also diminished reflexes. On 12/20/2012, he underwent EMG and NCV, which indicated mild median neuropathy, evidence of paraspinal C6 nerve root irritation and mild C5/C6 radiculopathy. On 12/14/12, the patient described pain as constant dull and achy. In a 02/4/2013 office visit, he complained of pain in the neck, swelling, stiffness, burning pain in bilateral arm and recurrent symptoms. On physical exam, there was tenderness to palpation in the paracervical region. A 10 degree loss of flexion and extension, a 5 degrees loss of lateral rotation was observed. Positive Spurling's sign bilaterally. A diagnosis of Cervical disc disease, Left shoulder labral tear was made. On 02/09/2013, he was prescribed Vicodin 7-5/750 mg daily, Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. The patient presented with sharp, burning pain in shoulder, and cervical spine area. He had EMG and NCV, which indicated mild median neuropathy, evidence of paraspinal C6 nerve root irritation and mild C5/C6 radiculopathy. The patient was prescribed Vicodin 7/5/350 mg, Soma 350mg. However, there was a previous modified certification for Vicodin with QTY of 45 to initiate an initial weaning process. In addition, there was no evidence assessing pain relief after #45 Vicodin use. Therefore, the request for hydrocodone-acetaminophen 10/325mg #60 as submitted was not medically necessary.