MAXIMUS Federal Services

Case Number:	CM14-0001766		
Date Assigned:	01/22/2014	Date of Injury:	09/25/2003
Decision Date:	04/22/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine and Rehabilitation, 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 51 year-old female sustained an injury on 9/25/03 while employed by [redacted] Requests under consideration include Hydrocodone/APAP 5/325 MG #30, Naproxen Sodium 550 mg #60, and Tramadol 50 mg #200. Report of 11/5/13 from the provider noted patient with radiating neck pain with headaches; left shoulder and bilateral elbow pain with hand numbness and tingling; and left wrist weakness and pain. Exam found lack of four digit breadths from chin to chest. Diagnoses included musculoligamentous cervical spine sprain; left upper extremity radiculitis; overuse syndrome; left shoulder tendinitis with possible internal derangement; Cubital and carpal tunnel syndrome bilaterally s/p left carpal tunnel release; De Quervain's tenosynovitis of wrists; multi-level disc bulges at C4-7; cervical spine disc/osteophyte complex at C5-7; left-sided C7 radiculopathy s/p anterior cervical discectomy and fusion; and right thumb joint inflammation. Plan included traction unit and continued medication therapy. The above medications, Naproxen and Tramadol were non-certified while the Hydrocodone/APAP was partially-certified for quantity of #22 on 12/18/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 5/325 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids Page(s): 74-96.

Decision rationale: The submitted reports, do not demonstrate evidence of specific functional benefit derived from the continuing use of two short-acting opioids (Hydrocodone/APAP and Tramadol) with persistent severe pain. The Hydrocodone/APAP 5/325 MG #30 is not medically necessary and appropriate.