

Case Number:	CM14-0002049		
Date Assigned:	01/24/2014	Date of Injury:	02/01/2007
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 presents with chronic pain following a series of work-related injury occurring between March 25, 1996 27 or 8 2008. The patient presented on December 30, 2013 with complaints of soreness in the cervical spine extending into the shoulders and upper extremities. The pain increases with activities of daily living. The pain is associated with weakness in the hands causing her to drop things as well as difficulty sleeping due to pain. The patient reported some relief of pain with medications including naproxen, cyclobenzaprine, and hydrocodone. The physical exam was significant for tenderness and spasms palpable over the paravertebral musculature and trapezius musculature bilaterally palpable tenderness along the bilateral elbows, Palpable tenderness along the bilateral wrist, decreased sensation to both hands and fingers bilaterally. The patient was diagnosed with cervical spine musculoligamentous sprain, lateral epicondylitis bilateral elbows, and carpal tunnel syndrome bilaterally. The patient was made for prescription of Lortab.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LORTAB: 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): 79.

Decision rationale: The prescription of Lortab is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The patient's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The patient has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.