

Case Number:	CM14-0005530		
Date Assigned:	02/05/2014	Date of Injury:	02/13/2010
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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 Internal 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 39-year-old male patient with a 01/13/2010 date of injury; when a work motor vehicle landed on him, causing right facial injury requiring facial reconstruction. 12/18/2013 progress report indicated that the patient still had residual facial numbness. He also acquired cervical and lumbar degenerative disk disease causing radiculopathy down the left upper and lower extremities. He had epidural injections in the cervical and lumbar region, which helped with pain relief. Treatment to date has included anti-inflammatory, Neurontin, and Vicodin, which was beneficial for his pain control, Prilosec and Topamax. Recently, he was diagnosed with bleeding ulcer and hospitalized, and most of his medication was discontinued. Due to recent discontinuation of medication, his pain got worse, especially in the low back area with numbness, tingling, shooting sensation down the posterior thigh, calf and foot. He had a similar sensation in his arm. Physical exam showed tenderness and tightness over the trapezius, left greater than right, and over the levator scapulae. Flexion is about 50 % of normal, extension is 25% of normal. Spurling's sign is positive. Lumbar spine exam showed tenderness and tightness across the lumbosacral area, with 50% restriction of flexion. He had hypoesthesia and dysesthesia in the posterolateral aspect of the left arm and posteriorly in the left leg down to the lateral foot. He was diagnosed with Cervical degenerative disk disease C3-4 down to C5-6, cervical radiculopathy, lumbar radiculopathy down to the left leg, bleeding ulcer, Lumbar facet osteoarthritis. There is documentation of a previous 01/06/2014 adverse determination, based on the fact that there was no adequate documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-APAP, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , HYDROCODONE/APAP,

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

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 pain in the lower back and upper back. He also complained about facial numbness. Treatment included Vicodin, Neurontin, Topamax, Prilosec. However, there was no documentation about a previous Hydrocodone prescription. In addition, the patient was already prescribed opiates and there was no reason identified to add a new narcotic. Therefore, the request for HYDROCODONE-APAP, #60 was not medically necessary.