

Case Number:	CM14-0007113		
Date Assigned:	02/07/2014	Date of Injury:	07/27/2008
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/18/2014

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:

The patient is a 56-year-old female, who has submitted a claim for cervical disc displacement with myelopathy, associated with an industrial injury date of December 18, 2013. The medical records from 2010 through 2013 were reviewed, which showed that the patient complained of neck and bilateral upper extremity pain. On physical examination of the neck, range of motion (ROM) was decreased due to pain, with noted tenderness. The treatment to date has included Lyrica, Norco, naproxen, Lidoderm patches, Vicodin, Pamelor and eight (8) sessions of Cognitive Behavioral Therapy. The utilization review from December 18, 2013, denied the request for pharmacy purchase of hydrocodone/apap tablets 10-325mg #70, because there was no documentation or rationale for its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF HYDROCODONE/APAP TABLETS 10-325MG #70:

Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Guidelines indicate that 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 on Vicodin since February 2010. Significant pain relief was reported with medications, with documented functional improvements, such as increase in activity tolerance and independent self care. The guideline criteria were met. Therefore, the request is medically necessary.