

Case Number:	CM14-0100773		
Date Assigned:	07/30/2014	Date of Injury:	09/18/2013
Decision Date:	09/11/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 & 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:

The injured worker is a 53-year-old female with a reported date of injury on 09/18/2013. The injury reportedly occurred when the injured worker was hit in the head and right leg with a bucket. Her diagnoses were noted to include cervical spine strain and herniated nucleus pulposus to C5-6. Her previous treatments were noted to include medications. The progress note 10/18/2013 revealed the injured worker complained of neck pain and bilateral arm pain. The injured worker appeared to be depressed and crying with severe anxiety. The physical examination indicated tenderness and decreased range of motion to the cervical spine with spasming. The neurological examination revealed decreased sensation to the C6-7, to the bilateral upper extremities and a positive Spurling's. The Request for Authorization form was not submitted within the medical records. The request was for Hydroco/APAP 5-325mg tab #60; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 5-325mg tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use-Hydrocodone/Acetaminophen-Weaning of medications Page(s): 75-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker complains of neck and bilateral arm pain along with severe depression, crying, and anxiety. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the four as for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding significant evidence of decreased pain on numerical scale with the use of medications; there is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to lack of evidence of significant pain relief, increased functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency of which this medication is to be utilized. As such, the request of Hydroco/APAP 5-325mg tab #60 is not medically necessary and appropriate.