

Case Number:	CM14-0107742		
Date Assigned:	08/01/2014	Date of Injury:	07/26/1995
Decision Date:	10/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 51 year old male injured on 07/26/95 due to an undisclosed mechanism of injury. Diagnoses include shoulder joint pain, displacement of cervical intervertebral discs without myelopathy, degeneration of cervical intervertebral discs, cervical post-laminectomy, and lumbar post laminectomy syndrome. Clinical note dated 05/21/14 indicated the injured worker presented complaining of bilateral neck pain radiating to bilateral upper extremities, right greater than left with associated right upper extremity weakness and bilateral upper extremity numbness and tingling. The injured worker rated pain at 7-8/10. The injured worker reported previous cervical injection performed on 02/18/13 reduced pain and radicular symptoms by approximately 50% for approximately 2 months. Physical examination revealed deep tendon reflexes 2+, sensation diminished in C6-7 dermatomal distribution, absent deep tendon reflexes in the right upper extremity, 1+ at brachioradialis and 2+ at biceps on the left. Documentation indicates the injured worker also complains of bilateral knee, feet, and lower back pain. Medications include Diovan, Hydrocodone/Acetaminophen, MS Contin, Neurontin, and Trazodone. The injured worker prescribed Hydrocodone 10/325mg 1 tablets up to 9 times per day and MS Contin 30mg 1 tablet every 8 hours. The initial request for Hydrocodone 10mg/Acetaminophen 325mg #270 and MS Contin 30mg #90 was initially denied on 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg -Acetaminophen325mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Review-Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Hydrocodone 10mg -Acetaminophen325mg #270 cannot be recommended as medically necessary at this time.

MS Contin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Section- Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, MS Contin 30mg #90 cannot be recommended as medically necessary at this time.