

Case Number:	CM14-0109056		
Date Assigned:	08/01/2014	Date of Injury:	03/07/2010
Decision Date:	09/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year old female who reported an injury on 03/07/2010 after a fall. Diagnoses included brachial neuritis, lumbosacral neuritis, and shoulder region disorder. Past treatments included chiropractic manipulation, physical therapy, acupuncture, and medications. Past diagnostics included and MRI of the spine, dated 04/06/2010, which indicated degenerative changes in the cervical spine and postoperative changes at L4-5 and L5-S-1, unofficial. Surgical history included a lumbar fusion in 2002. The clinical note dated 03/06/2014 indicated the injured worker complained of back pain that at times radiated to the posterior thighs. Physical exam revealed mild decreased range of motion in the lumbar and cervical spine, bilateral negative straight leg raise, and decreased deep tendon reflexes in the upper and lower extremities. Medications included Norco, oxycodone, and Zanaflex. The treatment plan included Hydrocodone/APAP 10-325 mg #120. The rationale for treatment and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.dlr.c.gov/t8/ch4_5sb1a5_52.html/.

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

Decision rationale: The injured worker is a 63-year old female who reported an injury on 03/07/2010 after a fall. Diagnoses included brachial neuritis, lumbosacral neuritis, and shoulder region disorder. Past treatments included chiropractic manipulation, physical therapy, acupuncture, and medications. Past diagnostics included and MRI of the spine, dated 04/06/2010, which indicated degenerative changes in the cervical spine and postoperative changes at L4-5 and L5-S-1, unofficial. Surgical history included a lumbar fusion in 2002. The clinical note dated 03/06/2014 indicated the injured worker complained of back pain that at times radiated to the posterior thighs. Physical exam revealed mild decreased range of motion in the lumbar and cervical spine, bilateral negative straight leg raise, and decreased deep tendon reflexes in the upper and lower extremities. Medications included Norco, oxycodone, and Zanaflex. The treatment plan included Hydrocodone/APAP 10-325 mg #120. The rationale for treatment and request for authorization form is not medically necessary.