

Case Number:	CM14-0019504		
Date Assigned:	04/23/2014	Date of Injury:	07/31/2001
Decision Date:	07/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/17/2014

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 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 injured worker is a 51-year-old female who is reported to have sustained work related injuries on 07/31/11. The records do not provide a mechanism of injury. The injured worker has chronic complaints of cervical and shoulder pain. The records indicate the injured worker has been treated with oral medications, cervical facet injections, and periodic cervical rhizotomy. The most recent assessment performed in 03/2013 reports the injured worker received 70% relief. A review of the clinical records indicates the injured worker has been maintained on oral medications. Opana ER 20 mg, Hydrocodone/APAP 10/325 mg, Zolpidem 10 mg, and Voltaren 1% Gel. A prior utilization review determination 02/10/14 denied the continued use of Opana ER and Hydrocodone/APAP 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN 10/325 #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The injured worker is a 51 year-old female with chronic cervical pain most likely secondary to posterior element disease. Treatment has included cervical facet rhizotomy, which is reported to have provided 70 % relief. However, during this time period the record reflects no decreased use of oral medications. The records do not provide any serial Visual Analogue Scale (VAS) scores or other measures of efficacy. There is no objective documentation indicating functional improvements. The record does not indicate that urine drug screening has been performed to ensure compliance. Based upon the submitted clinical records the injured worker does not meet criteria per California Medical Treatment Utilization Schedule for continued use of the medication and medical necessity is not established.

OPANA ER 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES
Page(s): 74-80.

Decision rationale: The injured worker is a 51 year-old female with chronic cervical pain most likely secondary to posterior element disease. Treatment has included cervical facet rhizotomy, which is reported to have provided 70 % relief. However, during this time period the record reflect no decreased use of oral medications. The records do not provide any serial Visual Analogue Scale (VAS) scores or other measures of efficacy. There is no objective documentation indicating functional improvements. The record does not indicate that urine drug screening has been performed to ensure compliance. Based upon the submitted clinical records the injured worker does not meet criteria per California Medical Treatment Utilization Schedule for continued use of the medication and medical necessity is not established.