

Case Number:	CM14-0112192		
Date Assigned:	08/01/2014	Date of Injury:	12/13/2011
Decision Date:	10/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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:

This is a 63-year-old male with a 12/13/11 date of injury, when he was pulling off the pool cover when felt a pull in his left shoulder and groin area. The patient underwent cervical discectomy and C3-C4 fusion on 12/26/12. The patient was seen on 1/20/14 with complaints of neck pain radiating down into his bilateral upper extremities. The physical examination of the cervical spine revealed diminished range of motion. The neurologic exam of the upper extremities was intact. The lumbar range of motion was: flexion of 90 degrees, extension of 20 degrees and right and left lateral bending was 20 degrees. Straight leg raising test was negative bilaterally. The patient was taking Norco, Flexeril and Gabapentin. The patient was seen on 8/6/14 with complaints of low back pain, neck pain and hip pain. Exam findings revealed decreased range of motion of the left hip, limited secondary to pain. The patient was walking with a limp. The physical examination of the lumbar spine revealed flexion 45 degrees with forward reach to the knees limited by pain. Straight leg raise was negative bilaterally. The diagnosis is cervicgia, cervical/lumbar sprain, disc degeneration, left sciatica, left groin pain and left shoulder subacromial impingement. Treatment to date: work restrictions, acupuncture and medications. An adverse determination was received on 7/11/14. The request for Hydrocodone/Acetaminophen 10/325 mg #60 was modified to #40 given that there was no documentation with objective evidence or derived functional benefits and that there was no indication for long-term opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg #60: 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): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/Acetaminophen 10/325 mg #60 is not medically necessary.