

Case Number:	CM14-0112806		
Date Assigned:	08/01/2014	Date of Injury:	02/05/2001
Decision Date:	10/09/2014	UR Denial Date:	07/15/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in 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 65-year-old female who reported an injury on 02/05/2001 due to an unknown mechanism. Diagnoses were cervical degenerative disc disease, complex regional pain syndrome, and bi-carpal tenosynovitis. Past treatments were medications, cortisone injections to bilateral shoulders, physical therapy, and a TENS unit. Diagnostic studies were an EMG, a CT of the head, and an MRI of the cervical spine. The MRI of the cervical spine revealed multiple levels of degenerative changes of the cervical spine, most severe at the level C4-5. Surgical history was not reported. The physical examination on 04/01/2014 revealed complaints of neck pain that was going to both shoulders and upper arms and into the elbows. There were complaints of headache. There were reports of numbness in both hands, especially the ring and little fingers. The pain was reported to be worse on the right than the left. The pain intensity was increased to a 3/10 to 4/10 and to a 6/10 to 7/10 with activity. The pain was reported to be about 70% to 80% controlled with medications. The examination of the cervical spine revealed decreased grip strength bilaterally. The axial loading test was positive. Spurling's sign was positive. On palpation, there was a soft mass on the volar aspect of the right arm 2 inches below the elbow. There was decreased sensation in both hands in the C7 and T1 distribution of both hands. Medications were Norco, Lyrica, Xanax, Naproxen, Lexacin for constipation, and Prilosec. The treatment plan was to continue medications as directed, and continue. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5 / 325mg 1 tablet by mouth 4 times a day. QTY: #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management, Page(s): 75, 78.

Decision rationale: The decision for hydrocodone 5/325 mg 1 tablet by mouth 4 times a day #30 is medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. There was documentation of the 4 A's for ongoing management. The frequency and quantity were reported on the request form. Therefore, this request is medically necessary.