

Case Number:	CM14-0125605		
Date Assigned:	08/11/2014	Date of Injury:	07/25/2011
Decision Date:	10/28/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family Practice 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 57 year old female claimant who sustained a work injury on 7/5/11 involving the left knee, low back, right hand and bilateral shoulders. She was diagnosed with a left medial and lateral meniscal tear and underwent surgery in April 2014. She additionally had lumbar degenerative disc disease, bilateral shoulder impingement, cervical spine strain and right carpal tunnel syndrome. Her pain had been managed with hydrocodone or Vicodin since 2011. She had undergone physical and aquatic therapy as well as a weight loss program. A progress note on 6/30/14 indicated the claimant had 10/10 back and neck pain as well as 7/10 wrist pain. Exam findings were notable for paraspinal tenderness in the neck and back as well as decreased range of motion. There was a positive Phalen's test bilaterally. The treating physician had provided Anaprox for pain. A month later, a request was made for Hydrocodone/Tylenol -10mg/325 BID for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone/Tylenol is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone/Tylenol for years. The continued use of Hydrocodone/Tylenol is not medically necessary. Therefore, the request is not medically necessary.