MAXIMUS Federal Services

Case Number:	CM14-0134326		
Date Assigned:	08/27/2014	Date of Injury:	02/24/2004
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 male who has reported to sustain work-related injuries to the cervical spine because of lifting heavy gears on 02/24/04. The records indicate that the injured worker has undergone multiple surgeries. He is noted to have undergone an ACDF at C5-6 in August of 2005 with a subsequent revision of March of 2006. He later underwent an ACDF at C3-4 on April of 2013. Recent imaging studies suggest a possible pseudarthrosis at C3-4. The record contains a urine drug screen dated 03/05/14, which was inconsistent with the injured worker's medication profile and was noted to be positive for unprescribed for Benzodiazepines. The most recent clinical note is dated 06/20/14 in which the injured worker has complaints of cervical pain with radiation into the left upper extremity to include the hand and fingers. He is noted to have decreased sensation in the left hand and fingers. Motor strength is intact. Deep tendon reflexes are symmetric. The record contains a utilization review determination dated 08/05/14 in which request for Hydrocodone/APAP 10/325mg #60 and Morphine sulfate ER 30mg #30 were not supported as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg 60 tablets: 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 request for Hydrocodone/APAP 10/325mg #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has continued cervical pain with a radicular component. The serial clinical records provide absolutely no data regarding the degree of pain relief that the injured worker receives from this medication. There are no documented VAS scores in the serial notes. The record provides no data indicating functional improvements because of the use of this medication. Further, it is noted that the injured worker has had an inconsistent urine drug screen on 03/05/14 in which he was identified as utilizing non-prescribed Benzodiazepines. As such, the injured worker does not meet criteria per CAMTUS for the continued use of opioid medications.

Morphine Sulfate ER 30 mg 30 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

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

Decision rationale: The request for Morphine Sulfate ER 30mg #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has continued cervical pain with a radicular component. The serial clinical records provide absolutely no data regarding the degree of pain relief that the injured worker receives from this medication. There are no documented VAS scores in the serial notes. The record provides no data indicating functional improvements because of the use of this medication. Further, it is noted that the injured worker has had an inconsistent urine drug screen on 03/05/14 in which he was identified as utilizing non-prescribed Benzodiazepines. As such, the injured worker does not meet criteria per CAMTUS for the continued use of opioid medications.