MAXIMUS Federal Services

Case Number:	CM14-0146454		
Date Assigned:	09/12/2014	Date of Injury:	06/29/2006
Decision Date:	11/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 58 year-old employee with date of injury of 6/26/2006. Medical records indicate the patient is undergoing treatment for cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, lumbar spine herniated nucleus pulosus, stress, insomnia, rule out fibromyalgia, fatigue. Physician's notes also indicated lumbar radiculitis, sciatica, cervical radiculitis, cervical disc protrusion, lumbar disc protrusion, thoracic discogenic pain. Subjective complaints include persistent pain in mid back and low back with numbness and weakness of the lower extremities, right side greater than left, pain rating ranging from 7/10 to 8/10 in medical files (reduced to 5/10 with medications). Objective findings include exam revealed muscular spasm over cervical region of spine; no tenderness to palpation. Examination of thoracolumbar region revealed stiffness of facet joints associated with muscular guarding over paraspinal musculature, with patient unable to perform range of motion. Exam from Sept 2014 revealed tenderness in lumbosacral region with spasm, decreased range of motion, hypoesthesia right L4 dermatome; tenderness at cervical region, with spasm, decreased range of motion, hypoesthesia at C7 dermatome. Treatment has consisted of acupuncture, and medications including tramadol, diclofenac sodium, omeprazole, cyclobenzaprine, and mirtazapine. Additional medications include topical compound cream (flurbiprofen, capsaicin, camphor, ketoprofen, cyclobenzaprine/lidocaine), norco, anaprox, and protonix. The utilization review determination was rendered on 8/29/2014 recommending non-certification of Hydrocodone/APAP 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/apap 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The injured worker has left thumb pain status post trigger release on 3/14/13, left carpal tunnel syndrome, and left first carpometacarpal joint pain. The MTUS does not recommend the use of opioids and opioids are not first line medications for musculoskeletal pain. The MTUS recommends a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids have significant side effects and should only be considered for a very short course of treatment according to the MTUS. The treating physician provided no evidence of failed therapy with first line agents such as non-steroidal anti-inflammatory drugs (NSAIDs). The request for hydrocodone/APAP 5/325mg #60 is not medically necessary by the criteria described in the MTUS.