

Case Number:	CM14-0153062		
Date Assigned:	09/23/2014	Date of Injury:	06/03/2013
Decision Date:	10/24/2014	UR Denial Date:	08/17/2014
Priority:	Standard	Application Received:	09/19/2014

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 North Carolina. 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 patient is a 62 year old with a reported date of injury of 01/31/2013, 06/13/2013 and cumulative trauma over 06/13/2010-06/13/2013. The patient has the diagnoses of bilateral carpal tunnel syndrome, mild right ulnar nerve entrapment, chronic myofascial pain syndrome of the cervical spine, sprain of the bilateral shoulders with internal derangement and sprain of the left knee. Per the most recent progress notes provided by the primary treating physician dated 07/17/2014, the patient had complaints of continued constant neck pain, knee pain, shoulder pain and hand pain. The physical exam noted slightly restricted range of motion in the cervical spine with multiple trigger points in the cervical region. There was a positive compression test, positive shoulder impingement test on the right and positive bilateral McMurray's and Apley's tests. Grip strength was decreased in the right hand and sensation to fine touch and pinprick was decreased in the lateral right arm. Treatment plan recommendations included continuation of pain medications, aquatic therapy, home exercise programs and a scheduled QME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325 mg #180: 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 opioids
Page(s): 78-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do note the patient has been released to work with modified duty but previous reports indicate the patient has not been working. The patient continues to have significant pain without documented significant improvement in other outcome measures and function. The patient seems to have had the greatest pain relief (greater than 50%) with trigger point injections and not medications. For these reasons the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore, the request for Hydrocodone/APAP 2.5/325mg #180 is not medically necessary and appropriate.