

Case Number:	CM14-0155517		
Date Assigned:	09/25/2014	Date of Injury:	10/21/2007
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 & Rehabilitation & Pain 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 reported an injury on 10/21/2007. Reportedly while working as a truck driver he injured his neck and left shoulder with radiating pain down his left arm. The injured worker the injured worker's trailer on his truck was hit by a vehicle a Honda Accord, and the trailer was pushed forward and he was pushed into his seatbelt harness. The injured worker's treatment history included x-rays, medication, physical therapy, medications, MI studies, cortisone injections, and cervical epidural steroid injections. The injured worker was evaluated on 09/08/2014 and it was documented the injured worker complained of neck pain. The pain radiated down the bilateral upper extremities. Insomnia was associated with ongoing pain. Pain was rated at 7/10 in intensity with medications and without medications pain was rated at 10/10. The provider noted the injured worker reported that the use of current, opiate pain medication was helpful. The injured worker was to continue this therapy based on his decreased pain, his increased level of function, his improved quality of life. Medications were helpful. Without them, the injured worker is unable to do his activities of daily living. Physical examination of the cervical spine revealed no gross abnormality. There were spasms noted, paraspinal vertebral tenderness was noted in the cervical spine C4-C7. There was tenderness noted upon palpation at the bilateral paravertebral area. The range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Sensory examination showed decreased sensation in the bilateral upper extremities, and in the affected dermatome was C5-6. There was tenderness noted on palpation at the bilateral shoulders. The range of motion of the bilateral shoulders was decreased due to pain. Medications included doxepin, Flexeril, hydrocodone/APAP, MS Contin, aspirin, Norco 10/225 mg, and zolpidem. Diagnoses included status post cervical spinal fusion, lumbar radiculopathy, headaches, chronic pain other, insomnia secondary to pain, history of

failed cervical spine surgery, lumbar spine and failed multiple therapies. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/apap 10/325mg 1 po Q 6 hrs prn pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14; 41-42; 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Opioids, criteria for use Page(s): 78.

Decision rationale: c)My rationale for why the requested treatment/service is or is not medically necessary: The requested is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as medication pain management for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request for Hydrocodone/apap 10/325mg 1 po Q 6 hrs prn pain #60 is not medically necessary.