

Case Number:	CM14-0169329		
Date Assigned:	10/17/2014	Date of Injury:	12/27/2012
Decision Date:	11/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

4/29/14 PR-2 notes constant pain in the body. There is numbness and tingling of the upper and lower extremity. There is positive Kemps, positive straight leg raise, and was started on hydrocodone. UDS was performed. 6/23/14 PR-2 notes pain in the wrist with numbness and tingling in the bilateral upper and lower extremity. There was paraspinal muscle tenderness. There was positive Kemp's and positive SLR. Assessment was right tibial neuropathy and bilateral carpal tunnel syndrome. 7/3/14 note indicates treatment for pain. There was thorocolumbar spine pain. There was reduced range of motion. Sensation was intact. Hypertension was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

Decision rationale: The medical records indicate a chronic pain condition but do not indicate specific functional gain in relation to ongoing opioid therapy. There is no indication of objective

functional benefit in regard to the treatment in terms of ADLs. ODG guidelines support opioids for short term use when there is demonstrated functional gain and ongoing opioid mitigation. As the medical records do not support these being present, the medical records do not support opioid therapy. Therefore the request is not medically necessary.