

Case Number:	CM14-0169735		
Date Assigned:	10/20/2014	Date of Injury:	04/27/1991
Decision Date:	11/20/2014	UR Denial Date:	10/09/2014
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 Occupational 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 54-year-old female who sustained an injury on April 27, 1991. She is diagnosed with (a) cervical spondylosis, (b) cervical degenerative disc disease, (c) cervicalgia, (d) carpal tunnel syndrome, and (e) ulnar nerve injury. She was seen for an evaluation on July 25, 2014. She complained of neck pain, which was rated 5/10. The pain was described as constant, sharp, throbbing, and shooting. An examination of the cervical spine revealed evidence of spasm over the cervical paraspinal muscles and upper traps. Range of motion was reduced. There was tenderness over the cervical paravertebral region on the right side of the C4-C5 and C6-C7 level. Spurling's test was positive bilaterally for neck pain. There was diminished sensation in the right small finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg-Acetaminophen 325mg, #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: The request for Hydrocodone/Acetaminophen 10/325 mg #84 is not considered medically necessary at this time. There was no indication of contraindications for use of first-line medications for pain or whether the injured worker failed a trial of non-opioid analgesics. It has also been determined from the reviewed medical records that the injured worker has been taking this medication since May 2014. Guidelines do not support the use of opioids on a long-term basis. Therefore, this request is not medically necessary.

MS Contin 15mg, #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: The request for MS Contin 15 mg #56 is not considered medically necessary at this time. There was no indication of contraindications for use of first-line medications for pain or whether the injured worker failed a trial of non-opioid analgesics. Like Hydrocodone/Acetaminophen, it has also been determined from the reviewed medical records that the injured worker has been taking this medication since May 2014. Guidelines do not support the use of opioids on a long-term basis. Therefore, this request is not medically necessary.