

Case Number:	CM14-0179199		
Date Assigned:	11/03/2014	Date of Injury:	05/03/2011
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 45 year-old male with the date of injury of 05/03/2011. The injured worker presents with pain in his neck and lower back radiating down his upper and lower extremities. The injured worker rates his neck pain as 5-8/10 on the pain scale and lower back pain as 6-8/10. The injured worker also reports experiencing severe depression, rating as 8/10. The range of cervical motion is slightly restricted in all planes, with the range of lumbar motion is moderately restricted in all planes. There are multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, thoracic and lumbar paraspinal musculature. He can't do heel-toe gait. He is ambulating with a cane. The injured worker is currently taking Xanax, Hydrocodone/APAP, Prozac, Tramadol HCL, Fluoxetine and Mirtazapine. The injured worker remains TTD. According to [REDACTED] report on 09/12/2014, diagnostic impressions are; 1) Chronic myofascial pain syndrome, cervical and thoracolumbar, moderate to severe 2) Left L4/L5 and S1 radiculopathy 3) Abnormal MRI of cervical spine in 2011 showing 7-8mm disc bulge at the C6-7 level 4) Pain and numbness of left arm due to cervical radiculopathy versus brachial plexus injury 5) S/p arthroscopy surgery, left knee, 02/13/2013 6) Chronic insomnia, major depression The utilization review determination being challenged is dated on 10/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/27/2014 to 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back and Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78; 88-89.

Decision rationale: The request is for Hydrocodone/APAP 10/325mg #120. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician's report does not show discussion specific to this medication. There are no four A's discussed. No opiate management including urine toxicology, CURES report discussion. Furthermore, there is no indication of dosage or number of this medication. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the injured worker should slowly be weaned as outlined in MTUS guidelines. The request for Hydrocodone/APAP 10/325mg #120 is not medically necessary.