

Case Number:	CM14-0037803		
Date Assigned:	06/25/2014	Date of Injury:	10/07/2008
Decision Date:	08/14/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	03/31/2014

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 and is licensed to practice in Nevada. 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 44 year-old female who was reportedly injured on October 7, 2008. The mechanism of injury is noted as a motor vehicle collision. The most recent progress note dated January 21, 2014, indicates that there are ongoing complaints of chronic neck pain. The physical examination demonstrated a slight decrease in deep tendon reflexes in the bilateral upper extremities, positive from a compression testing and decreased grip strength. Diagnostic imaging studies were not reviewed. Previous treatment includes multiple medications, physical therapy, injections and chronic pain program. A request was made for hydrocodone and was partially certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / Acetaminophen 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 74-78 of 127 Page(s): 74-78 OF 127.

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered, the failure to demonstrate any noted efficacy or utility in terms of pain control there is little

clinical indication for this medication. It is noted that the injured employee continues to work full time however the pain levels are unchanged. Therefore, when noting that this medication is indicated for the short-term management of moderate to severe breakthrough pain, the pain levels are not ameliorated with the medication. There is insufficient data presented to support the medical necessity of the indefinite use of this preparation.