

Case Number:	CM14-0057354		
Date Assigned:	07/09/2014	Date of Injury:	01/05/2012
Decision Date:	09/09/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 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:

This is a 66-year-old patient with a date of injury of January 5, 2012. The mechanism of injury was incurred at work while fixing a printer and tripping over the surge protector causing her to fall. On a March 4, 2014 exam the patient states she has some mild pain and stiffness in her neck. An objective examination shows cervical forward flexion is 40, extension 25, lateral ending 35 on the right and 25 on the left, and a lateral rotation of 55. The current diagnostic impression is cervical degenerative disc disease, and cervical sprain/strain. Treatment to date: Diagnostics, acupuncture, work restrictions, epidural steroid injections, physical therapy, and medication management. A UR date of April 21, 2014 denied the request for the remaining pharmacy purchase of Hydrocodone/acetaminophen 5-300mg #15. The rational for denial was that the CA MTUS guidelines do not support the patients' continued use of opiates in this patient. The reviewer suggested that the patient begin the weaning process from the opiates and to allow the provider time to document any functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone\acetaminophen 5-300 mg fifteen count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Chronic Pain Medical Treatment Guidelines recommend continued use of opioid agents for the treatment of moderate to severe pain. On the March 4, 2014 exam the patient stated she was only had mild pain and stiffness. However, there is no documentation of functional improvement or continued analgesia from the current medication regimen. There is no discussion of an opiate pain contract, CURES monitoring, or any urine drug screens. Therefore, the request for Hydrocodone\acetaminophen 5-300 mg fifteen count is not medically necessary or appropriate.