

Case Number:	CM14-0062887		
Date Assigned:	07/14/2014	Date of Injury:	04/10/2012
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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 records presented for review indicate that this 31 year-old individual was reportedly injured on 4/10/2012. The mechanism of injury is not listed. The most recent progress note, dated 4/22/2014. Indicates that there are ongoing complaints of neck pain, upper back pain, and right extremity pain. The Physical examination demonstrated cervical spine: rotation bilaterally 60 active assisted, forward flexion 30 without pain. Extension 30. Increases in upper back/neck pain/mid and low back pain with radiation down both legs reproducing the weakness that he had with the original injury. Spurling's test is with some discomfort bilaterally. Deep tendon reflexes are symmetrical without spasticity or clonus. Lower extremity strength is intact. Neurological exam grossly intact. No recent diagnostic studies are available for review. Request had been made for Vicodin 5/300 mg #60 with one refill, Pristiq 100 mg #90 with 3 refills, x-rays of the cervical spine, and was not certified in the pre-authorization process on 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 (1 refill): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Vicodin (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Vicodin is not medically necessary.

Pristiq 100mg #90 (3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC-Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Pristiq is an SNRI drug in the same class of medications as Effexor. The MTUS recommends the use of tri-cyclic anti-depressants as first line agents. The SNRI drugs are not recommended for the treatment of chronic pain with the exception of individuals that are concurrently being treated for an additional psychiatric diagnosis. Review the medical records provided does not give a diagnosis of any psychiatric illness, nor is there documentation of failure of tricyclic antidepressant. As such the request is considered not medically necessary.

X-ray (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Cervical and Thoracic Spine Disorders X-ray is recommended for subacute cervicothoracic pain that is not improving, or chronic cervicothoracic pain. Electronically Cited.

Decision rationale: ACOEM guidelines recommend x-rays of the cervical spine when there is the presence of red flags such as dangerous mechanism of injury, age over 65, paresthesias in the extremities, subacute for chronic cervicothoracic pain particularly when not improving. After review of the medical records provided the injured worker does have chronic neck and upper back pain, but there were no objective clinical findings on physical exam to necessitate a cervical spine x-ray. Therefore this request is deemed not medically necessary.