MAXIMUS Federal Services

Case Number:	CM14-0073579		
Date Assigned:	06/04/2014	Date of Injury:	06/17/2011
Decision Date:	08/11/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/20/2014

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 62-year-old female was reportedly injured on June 17, 2011. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of neck pain, back pain, left shoulder pain, as well as pain in the bilateral hands, elbows, and knees. The physical examination demonstrated decreased range of motion of the cervical spine and tenderness over the paravertebral muscles. There were a positive impingement sign of the shoulders and decreased shoulder range of motion. There was decreased sensation in the bilateral median nerve distribution along with a positive Phalen's test and Tinel's test bilaterally. Examination of the lumbar spine also noted decreased range of motion and a positive left and right sided straight leg raise test. There was a positive McMurray's test at each knee. An MRI of the lumbar spine noted a disc protrusion at L2-L3, L3-L4, L4-L5, and L5-S1. There was a compromise of the right sided exiting nerve root at L2-L3 and bilaterally at L3-L4. Upper extremity nerve conduction studies showed moderate bilateral carpal tunnel syndrome. Additional physical therapy was recommended as well as an MRI of the cervical spine, lumbar spine, left shoulder and both knees. Bilateral carpal tunnel surgery was recommended. Previous treatment included physical therapy, chiropractic therapy, the use of a TENS unit, and a lumbar support. A request had been made for Hydrocodone/APAP and was not certified in the pre-authorization process on April 25, 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 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines :Opioids Page(s): 74, 78, 93.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued usage of opioid medications requires documentation of the efficacy. The most recent progress note from pain management, dated May 6, 2014, did not discuss objective pain relief from previous doses of Hydrocodone/APAP, that the injured employee has been prescribed. Without objective documentation of pain relief of this medication as well as its ability to help the injured employee function, return to work, and perform activities of daily living ,additional doses of it were not recommended. This request for 60 tablets of Hydrocodone/ APAP is not medically necessary.