

Case Number:	CM14-0079927		
Date Assigned:	07/18/2014	Date of Injury:	02/03/2012
Decision Date:	08/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 48-year-old male who reported an injury on 02/03/2012. The mechanism of injury was not provided. On 06/16/2014, the injured worker presented with frequent headaches, neck pain, bilateral shoulder pain, soreness and stiffness below the right armpit and stabbing pain in the mid low back. Upon examination of the bilateral wrist, there was tenderness and pain to the touch, weakness in both hands and moderate to severe bilateral carpal tunnel syndrome with median nerve entrapment at the wrist. Examination of the cervical spine revealed tenderness, pain and limited range of motion. The lumbar spine noted spasm and tenderness with radiculopathy. The diagnosis was cervicalgia of the cervical spine, radiculopathy, and tendinitis of the bilateral shoulders and lumbar spine sprain/strain and myofasciitis. His treatment included home exercise and medications. The provider recommended hydrocodone 10/325 mg. The provider's rationale was not provided. The Request for Authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg to allow this one refill for weaning to discontinue, with a reduction of med by 10%-20% per week over 2-3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for hydrocodone 10/325 mg to allow for 1 refill for weaning to discontinue with the reduction of med by 10 to 20% per week over 2 to 3 months is non-certified. According to MTUS Guidelines, they recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status; appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the provider's request does not indicate the quantity or frequency of the medication was as submitted. The efficacy of the medication was not provided. As such, the request is non-certified.