

Case Number:	CM14-0083647		
Date Assigned:	07/21/2014	Date of Injury:	04/15/2012
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 Illinois. 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 54-year-old male who reported an injury on 04/15/2012, reportedly while working as a construction worker. He was getting off the forklift and hit his head on the overhead carriage, which resulted in neck pain. The injured worker's treatment history included medications, MRI, steroid injections, X-Rays, EMV/NCV. The injured worker was evaluated on 05/03/2014, and it was documented that the injured worker had neck pain and low back pain. The provider noted the pain radiated to the right arm and he had numbness in the right index finger and thumb. He occasionally had numbness in the last 2 digits of the right hand. His pain level was a 10/10 without pain medications and an 8/10 with pain medications. The pain was aggravated by walking, bending, lifting, and lying down. The pain was alleviated by medications and injections. Upon physical examination, there was tenderness over the right lower cervical paraspinal muscles; there was no tenderness over the lumbar paraspinal muscles. There was tenderness over the medial aspect of the left scapula. The straight leg raise test was positive on the right and negative on the left. The diagnoses included chronic neck pain, unable to rule out cervical radiculopathy, chronic low back pain, and unable to rule out lumbar radiculopathy. The medications included Norco, Tramadol 50 mg, Gabapentin 300 mg, and Hydrocodone/APAP 10/300 mg. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/300 #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 (ODG): Web Edition.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration. Given the above, for Hydrocodone/APAP 10/300 #60s is not medically necessary.