

Case Number:	CM14-0085148		
Date Assigned:	07/23/2014	Date of Injury:	07/23/2012
Decision Date:	09/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in 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 28 year old female injured on 7/23/12 due to an undisclosed mechanism of injury. Current diagnoses include cervical/thoracic strain, left shoulder impingement syndrome, left elbow medial epicondylitis, left cubital tunnel syndrome, and lumbosacral strain/arthrosis. A clinical note dated 2/11/14 indicates the injured worker presented complaining of intermittent neck, left shoulder, left elbow and lumbar spine pain. Physical examination revealed left elbow positive Tinel's, positive elbow flexion test, and pain in the lumbar spine at L3-5 with paraspinal muscle pain. The treatment plan included Lorazepam 1mg twice a day as needed, trigger point injections to the bilateral paraspinal muscles, and home exercise to prevent deconditioning. A clinical note dated 4/9/14 indicates the injured worker presented complaining of continued low back pain with positive paraspinal tenderness and positive facet loading.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no discussion regarding the initiation, prior use, or medical necessity of the medication. Additionally, the request failed to provide the amount and the number of refills to be provided. As such, the request is not medically necessary.