

Case Number:	CM14-0098577		
Date Assigned:	07/28/2014	Date of Injury:	07/23/2012
Decision Date:	11/14/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 Emergency Medicine and is licensed to practice in California. 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 61 year-old male, who sustained an injury on July 23, 2012. The mechanism of injury is not noted. Diagnostics have included: April 29, 2014 urine drug screen reported as negative. Treatments have included: lumbar fusion, medications. The current diagnoses are: s/p lumbar fusion, cervical strain/sprain, hand sprain. The stated purpose of the request for Hydrocodone / APAP tablet 10/325 mg #45 for the cervical spine was not noted. The request for Hydrocodone / APAP tablet 10/325 mg #45 for the cervical spine was denied on June 16, 2014, citing a lack of documentation of functional improvement. Per the report dated June 17, 2014, the treating physician noted complaints of pain, neuropathic headaches, and insomnia. Exam findings included left ulnar neuropathy, bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP tablet 10/325 mg #45 for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain, neuropathic headaches, insomnia. The treating physician has documented left ulnar neuropathy, bilateral carpal tunnel syndrome. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Hydrocodone / APAP tablet 10/325 mg #45 for the cervical spine is not medically necessary.