

Case Number:	CM14-0182083		
Date Assigned:	11/06/2014	Date of Injury:	09/12/2011
Decision Date:	01/08/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 53-year-old female with a 9/12/11 date of injury. According to a progress report dated 3/20/14, the patient continued to have posterior neck and right upper extremity pain, weakness, and numbness. The pain started from her neck and radiated down to her right wrist. She described a blood pressure cuff sensation involving her right arm and forearm. Objective findings: restricted cervical range of motion, decreased active range of motion of shoulders. Diagnostic impression: not provided. Treatment to date: medication management, activity modification. The UR decision dated 10/3/14 regarding the request for Hydrocodone/APAP 10-325mg, Days Supply 30, Quantity 18 for weaning was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg, Days supply 30, QTY: 18 for weaning: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as

directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, the only medical report provided for review is dated 3/20/14 and does not indicate that the patient had been taking hydrocodone. In addition, there is no documentation of functional improvement from opioid use, lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. The medical necessity of this request cannot be established without recent medical records documenting the patient's current condition and current medication regimen. Therefore, the request for Hydrocodone/APAP 10-325mg, Days supply 30, QTY: 18 for weaning are not medically necessary.