

Case Number:	CM14-0196108		
Date Assigned:	12/04/2014	Date of Injury:	06/13/2013
Decision Date:	01/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 13, 2013. In a Utilization Review Report dated November 18, 2014, the claims administrator approved a request for Neurontin while denying a request for Norco. The claims administrator stated that its decision was based on a September 17, 2014 progress note. In a November 12, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The note was very difficult to follow and mingled historical findings with current issues. The applicant was using Norco and Neurontin, it was stated in one section of the note. The applicant had a history of past drug abuse, it was stated, for which the applicant had received treatment at a rehab facility. The applicant was still smoking two packs of cigarettes a day. The applicant's BMI was 31. In one section of the note, it was stated that the applicant was working. At the bottom of the report, however, the applicant was placed off of work, on total temporary disability, for additional four weeks, while multiple medications were renewed. In an earlier note dated October 30, 2014, the applicant again reported ongoing complaints of neck and low back pain. Norco, Neurontin, epidural steroid injection therapy, and a urine drug screen were sought. The applicant was placed off of work, on total temporary disability, for four weeks, it was noted at the bottom of the report. On September 30, 2014, the applicant again reported ongoing complaints of neck and low back pain radiating to the bilateral upper and bilateral lower extremities. The attending provider stated in one section of the note that the applicant had derived some benefit from medications. This was not quantified. The applicant then stated that he was unable to do any bending or lifting activities. At the bottom of the report, the applicant was placed off of work, on total temporary disability, for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120, 1 tab p.o. q.i.d: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The bulk of the attending provider's progress note did not incorporate any discussion of medication efficacy. While it was stated that the applicant was deriving some analgesias from pain medications on one occasion, this is, however, outweighed by the applicant's failure to return to work, the subsequent notes in which no quantifiable decrements in pain were outlined and the applicant's continued reports of difficulties performing activities of daily living as basic as bending and lifting. Therefore, the request was not medically necessary.