

Case Number:	CM14-0198572		
Date Assigned:	12/08/2014	Date of Injury:	01/14/2013
Decision Date:	01/22/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 48-year-old male with a 1/14/13 date of injury. The injury occurred when he fell off a ladder to the ground onto his back and hit his head on the concrete floor. According to a progress report dated 10/29/14, the patient had recently received authorization for TENS unit and has completed a total of 10 physical therapy sessions. He reported some improvements in the range of motion of his neck but still had significant neck pain and headaches. He continued to report some numbness in the face that worsened with movements of the neck. He continued to report headaches, episodes of vertigo and nausea, and photophobia. He has been using Norco for the pain, which helped, but frequently would take 2 tablets at a time and sometimes up to 6 tablets a day. Objective findings: tenderness over the posterior cervical paraspinal muscles at the approximate levels of C3-C7, painful cervical range of motion, tenderness to palpation over bilateral TMJ, minimal tenderness over the bilateral trapezii. Diagnostic impression: post-concussion syndrome, headache, neck pain, cervicocranial/cervicobrachial syndrome, cervical strain, suspected cervical spondylosis. Treatment to date: medication management, activity modification, TENS unit, and physical therapy. A UR decision dated 11/20/14 certified the request for Hydrocodone/APAP 5/325mg #120. A specific rationale regarding this decision was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/BIT/APAP 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

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 medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. In addition, it appears that a UR decision dated 11/20/14 certified this request. It is unclear why this request is being made at this time. Therefore, the request for Hydrocodone/BIT/APAP 5/325mg #120 is not medically necessary.