

Case Number:	CM14-0038404		
Date Assigned:	06/27/2014	Date of Injury:	07/14/2012
Decision Date:	01/14/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 50 year-old male who was injured on 7/14/12 when he fell off a three foot ladder at work. He complains of left neck pain with burning into the trapezius muscle and aching and burning into the radial aspect of the left forearm. He complains of numbness and tingling of the thumb and index finger of the left hand. He was diagnosed with neck pain and left arm radiculopathy due to a herniated C5-C6 disc. On 9/12/12, a cervical MRI showed C5-6 severe foraminal stenosis and left C6 nerve root impingement, C3-4 and C4-5 mild-moderate foraminal stenosis. In 12/2012, electrodiagnostic testing showed mild left C5-6 radiculopathy and mild median neuropathy. On exam he had a positive Spurling test. He had no benefit with physical therapy and cervical traction. His medications included Norco and Soma. He declined discectomy and interbody fusion surgery. The request is for hydrocodone-acetaminophen 10/325mg #60 which was denied by utilization review on 3/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ACOEM Guidelines (page 116)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much hydrocodone-acetaminophen decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for hydrocodone-acetaminophen is considered medically unnecessary.