

Case Number:	CM15-0104050		
Date Assigned:	06/08/2015	Date of Injury:	04/28/2008
Decision Date:	07/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male, who sustained an industrial injury on April 28, 2008. The injured worker was diagnosed as having cervical disc syndrome, cervical radiculopathy, and cervical sprain/strain, degeneration of lumbar intervertebral disc with myelopathy, lumbar radiculopathy, lumbar sprain/strain, headaches, insomnia, anxiety, and depression. Treatment to date has included MRIs and medication. Currently, the injured worker complains of constant burning cervical pain, constant achy lumbar pain, headaches, loss of sleep due to pain, and feeling stress and anxiety. The Primary Treating Physician's report dated February 12, 2015, noted his pain level at 9/10, relieved with medication. Physical examination was noted to show cervical compression causing numbness. The treatment plan was noted to include medications dispensed including Anaprox DS, Soma, Prilosec, and prescribed medications of Norco, with requested treatments of acupuncture and CMT/Physiotherapy, and a MRI of the neck and low back region, with a urine analysis performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/Acet (Vicodine, Vicodine ES, Vicodine HP, Anexsia, Lortab, Lorcet, Lorcet Plus, Norco, Zydone) #60 (2/24/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Retrospective Hydrocodone/Acet (Vicodine, Vicodine ES, Vicodine HP, Anexsia, Lortab, Lorcet, Lorcet Plus, Norco, Zydone) #60 (2/24/15) is not medically necessary and appropriate.