

Case Number:	CM15-0146836		
Date Assigned:	08/07/2015	Date of Injury:	09/03/2010
Decision Date:	09/04/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 36 year old female who sustained an industrial injury on 9-3-10. She had complaints of neck, right hand, upper back, lower back right ankle and right shoulder pain. Diagnostic studies include: MRI, EMG and nerve conduction studies. Treatments include: medications, physical therapy, home exercise program, chiropractic care and injections. Progress report dated 6-25-15 reports continued complaints of neck and upper back pain. The pain is described as aching, sharp, and stabbing and is rated 5 out of 10. The pain radiates to the right shoulder, right arm, right forearm and right hand. The radiating pain is associated with muscle spasms at least once per week. The pain is aggravated by excessive work, driving and overhead use. The pain is relieved by medication and rest. She also suffers from headaches with pain rated 7 out of 10 being the most severe. Diagnoses include: pain in joint of ankle and foot, sprains and strains of neck, brachial neuritis radiculitis unspecified and thoracic or lumbosacral neuritis or radiculitis. Plan of care includes: continue cognitive behavior therapy, continue ice, heat, continue home exercise program as instructed by physical therapy, continue medications as prescribed; lorazepam, Sumatriptan, Cymbalta, hydrocodone-acetaminophen, gabapentin, baclofen and nortriptyline. Request for trial of spinal cord stimulator has been denied. Work status: temporarily totally disabled until the next appointment. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone- Acetaminophen 10/325 mg #90: 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): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.