

Case Number:	CM15-0209853		
Date Assigned:	10/28/2015	Date of Injury:	09/10/2013
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/23/2015

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, 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 38 year old female, who sustained an industrial injury on 9-10-13. The injured worker has complaints of cervical pain with right upper extremity symptoms with complaints of increased myofascial pain component and trigger points, cervical paraspinal. There is multiple tender trigger points cervical paraspinal musculature and cervical trapezius. There is tenderness thoracic spine and thoracic paraspinal musculature. The diagnoses have included cervical myofascial pain and trigger points; rule out cervical radiculopathy and thoracic myofascial pain. Treatment to date has included tramadol and hydrocodone. The original utilization review (10-20-15) non-certified the request for hydrocodone 5mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This is a 37 year-old claimant who was injured on 9/10/2013 and complains of myofascial pain, cervical pain and thoracic pain. The request is for Hydrocodone for chronic pain. CA MTUS guidelines do not recommend long-term use of opioids unless there is documented evidence of significant pain relief and functional improvement and return to work. CA MTUS Guidelines also requires documentation of the 4 A's (analgesia, ADLs, appropriate medication use and aberrant behavior) to support ongoing use of opioids. In this case, the documentation is lacking, so the request is not medically necessary or appropriate.