

Case Number:	CM15-0022251		
Date Assigned:	02/11/2015	Date of Injury:	01/04/1999
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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, Illinois
 Certification(s)/Specialty: Internal Medicine

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 57-year-old female who reported an injury on 01/04/1999. The mechanism of injury was not specifically stated. The current diagnoses include neck pain, shoulder pain, headache, degeneration of cervical intervertebral disc, cervical spondylosis without myelopathy, myositis, depressive disorder, and long-term use of drug therapy. The injured worker presented on 02/04/2015 for a follow up evaluation. The injured worker reported 7/10 pain. Alleviating factors include rest, ice therapy, analgesics, narcotics, and exercise. There was no musculoskeletal examination provided on the requesting date. Recommendations included continuation of Vicodin 5/300 mg. Trigger point injections were also recommended for myofascial neck pain. The injured worker was also utilizing ibuprofen 800 mg for headaches and shoulder pain. A Request for Authorization form was then submitted on 02/04/2015 for hydrocodone 5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no musculoskeletal examination provided. The medical necessity for an opioid medication has not been established in this case. There was no documentation of a failure of nonopioid analgesics. The request for hydrocodone/acetaminophen 5/30 mg is not an appropriate strength of this medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.