

Case Number:	CM15-0026038		
Date Assigned:	02/18/2015	Date of Injury:	07/24/2014
Decision Date:	05/22/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/11/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 35 year old male, who sustained an industrial injury on July 24, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having neck pain and thoracic region radiculopathy. Diagnostics to date were not included in the provided medication records. Treatment to date has included physical therapy, a home exercise program, heat, and medications including opioid, muscle relaxant, anti-anxiety, and non-steroidal anti-inflammatory. On January 29, 2015, the injured worker complains of central neck pain that spreads out in a shawl-like distribution bilaterally. The pain is slightly worse of the left. Associated symptoms include radiating pain into the bilateral upper arms, occasional transient paresthesias in the deltoid area. The treating physician notes he still needs opioids to sleep. He remained off work. His vital signs were unremarkable. There was no documentation of a physical exam. The treatment plan includes opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5-325mg 1-2 q4-6h #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for Neuropathic Pain Page(s): 74-95, 124, 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 74-96.

Decision rationale: Guidelines recommend weaning of opioids such as hydrocodone by decreasing dosage by 10% every 2-4 weeks over a duration of 3 months. In this case, the clinical documentation does not show ongoing review and documentation of pain relief, functional status, side effects and signs of assessment for aberrant use. The request for Hydrocodone/APAP 5/325 mg 1-2 q4-6h #25 is not medically appropriate and necessary.