

Case Number:	CM15-0041615		
Date Assigned:	04/10/2015	Date of Injury:	06/06/2011
Decision Date:	05/04/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/04/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 38-year-old male, who sustained an industrial injury on June 6, 2011. He reported neck and back pain with decreased sensation in the left foot, depression and anxiety. The injured worker was diagnosed as having cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, acupuncture, medications and work restrictions. Currently, the injured worker complains of chronic neck and back pain with associated decreased sensations in the foot and left upper extremity and hand pain and numbness. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 13, 2015, revealed continued pain as noted. He reported little benefit with acupuncture therapy. He reported a 30% pain reduction with medications. He reported severe depression. Cymbalta was noted to provide little benefit. Hydrocodone was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: In this case, the injury was about 4 years ago; the records attest there was a 30% reduction in pain, but there is no mention of objective functional improvement. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in section 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed continuance of the hydrocodone, I did not find clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Further, the MTUS says the medicines should be discontinued if: (a) If there is no overall improvement in function, unless there are extenuating circumstances. The medicine should be continued if: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In this case, there is no mention of objective improvement, or a return to work out of the use of the opiates. The request is appropriately non-certified and not medically necessary.