

Case Number:	CM15-0042925		
Date Assigned:	03/13/2015	Date of Injury:	12/13/2013
Decision Date:	05/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old male who reported an injury on 12/13/2013. The mechanism of injury involved repetitive activity. The current diagnoses include cervical disc disease with radiculitis, degeneration of cervical disc, and shoulder pain. The injured worker presented on 02/18/2015 with complaints of persistent neck, low back and left shoulder pain. It was noted that the injured worker had been previously treated with a left shoulder surgery on 04/29/2014, trigger point injections, physical therapy, medications, and TENS therapy with mild transient benefit. The injured worker has also been treated with a cervical epidural steroid injection. The current medication regimen includes Norco 10/325 mg and cyclobenzaprine 7.5 mg. There was no comprehensive physical examination provided. Recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 10/325 mg Qty 60, 1 tab orally 2 times daily as needed for 30 days:
Upheld

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

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 nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement, as there is no evidence of a recent physical examination on the requesting date. There is also no mention of a urine drug screen, narcotic contract, or an alternative trial of medications. Given the above, the request is not medically appropriate at this time.