

Case Number:	CM15-0087408		
Date Assigned:	05/11/2015	Date of Injury:	01/14/2010
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 40 year old female, who sustained an industrial injury on January 14, 2010. The injured worker was diagnosed as having cervical and lumbar disc with radiculitis, neck, thoracic and low back pain and coccydynia. Treatment and diagnostic studies to date have included epidural steroid injection, acupuncture and medications. A progress note dated March 20, 2015 provides the injured worker complains of neck, back and leg pain and right arm and leg pain with weakness and numbness. She reports general worsening pain with increased radiation and numbness and tingling. Her leg has been giving out. A new magnetic resonance imaging (MRI) has been done with a report forthcoming. Older magnetic resonance imaging (MRI) studies were reviewed. Physical exam notes tenderness on palpation of the neck and right shoulder with decreased range of motion (ROM). There is tenderness on palpation of the right wrist. The plan includes lab work, imaging and hydrocodone, omeprazole, cyclobenzaprine and Fenoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg (twice a day for 30 days) Qty 60, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when conservative treatments with NSAIDs and PT have failed. The chronic treatments with NSAIDs can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records did not show documentation of guidelines required serial UDS, CURES data reconciliation, absence of aberrant behavior and functional restoration,. The patient is utilizing other sedative medications concurrently. There is no documentation of failure of treatment with guidelines recommended anticonvulsant and antidepressant medications for neuropathic and radicular pain. The criteria for the use of Hydrocodone 10/325mg BID #60 without refill is not medically necessary.