

Case Number:	CM14-0120319		
Date Assigned:	08/08/2014	Date of Injury:	09/14/2005
Decision Date:	10/21/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old female who reported a date of injury of 09/14/2005. The mechanism of injury was not indicated. The injured worker had diagnoses of degenerative disc disease of the cervical and lumbar spine with radiculopathy, lumbar facet syndrome, and cervical adjacent segment disease. Prior treatments included a home exercise program. The injured worker had a CT of the cervical spine on 04/12/2013, with the official report indicating no focal protrusions or stenosis, status post C6-7 ACF without apparent complication anatomically aligned. Surgeries included a left shoulder acromioplasty with distal clavicle excision and rotator cuff repair of unknown date. The injured worker had complaints of neck and back pain, with the back pain rated at 2/10 and the neck pain rated 4/10. She had complaints of tingling and numbness in her 3rd and 4th digits, tingling on the crown of her head, sensations of pins and needles at the top of her head, with aching pains in her neck radiating down her left shoulder, and pain in her low back. The clinical note dated 06/27/2014 noted the injured worker had tenderness to palpation over the cervical and lumbosacral paraspinal, tenderness to palpation over the cervical and lumbar spine with spasm noted in the bilateral trapezius. The injured worker's range of motion of the cervical spine was 30 degrees of flexion, 40 degrees of extension, 5 degrees of right and left lateral bending, and 60 degrees of right and left rotation. The range of motion in the lumbar spine was 30 degrees of flexion, 5 degrees of extension, and 10 degrees of right and left lateral bending. The injured worker had decreased sensations in the left C5 and bilateral C6 and C7 dermatomes, and lower extremity sensations were intact. Medications included ibuprofen, Advil, BC Powder, and Norco. The treatment plan included the physician's recommendation for a medial branch block of the lumbar spine, a pain management consult, and Norco. The rationale and Request for Authorization Form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Bitartrate and Acetaminophen tablets USP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The injured worker had complaints of neck and back pain, with the back pain rated at 2/10 and the neck pain rated 4/10. She had complaints of tingling and numbness in her 3rd and 4th digits, tingling on the crown of her head, sensations of pins and needles at the top of her head, with aching pains in her neck radiating down her left shoulder, and pain in her low back. The California MTUS Guidelines indicate the lowest possible dose of opioids should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation of the injured worker's pain relief with an accurate pain assessment and functional status with the use of Norco. Furthermore, there is a lack of documentation of when the injured worker was first Norco, as it states in the 06/23/2014 examination she had been receiving Norco from a different doctor. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request for Hydrocodone Bitartrate and Acetaminophen tablets USP 10/325 mg #120 is not medically necessary.