

Case Number:	CM14-0129513		
Date Assigned:	09/03/2014	Date of Injury:	05/08/2012
Decision Date:	10/21/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56 year old female was reportedly injured on 5/8/2012. The mechanism of injury was noted as a fall. The most recent progress note, dated 5/30/2014, indicated that there were ongoing complaints of neck pain that radiated into the bilateral upper extremities. The physical examination demonstrated cervical spine range of motion restricted in all planes, multiple trigger points and tight bands noted throughout the cervical paraspinal, trapezius, and scapula musculature, right shoulder range of motion was slightly restricted. Impingement test was positive, decreased sensation was to light touch of the first, second, and third digits of both hands. No recent diagnostic studies are available for review. Previous treatment included trigger point injections, medications, and aquatic therapy. A request was made for Hydrocodone/Acetaminophen 5/325 milligrams and Naproxen 550 milligrams quantity 150 and was not certified in the preauthorization process on 8/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen Tablets 5/325 Mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic neck pain after a work related injury. Review of the available medical records fails to documents any objective or clinical improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

Naproxen 550 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: Antiinflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record, there is no reported decrease pain and increased functional activity related directly to the use of medication. Therefore, this request for naproxen is not medically necessary.