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| Case Number: | CM14-0138324 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 04/01/1996 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 71 year old male injured on 04/01/96 due to undisclosed mechanism of injury. Diagnoses included lumbar/lumbosacral disc degeneration, lumbar spine radiculopathy, disc disorder of cervical spine, and cervical spine radiculopathy. Clinical note dated 04/07/14 indicated the injured worker presented complaining of neck pain radiating to bilateral upper extremities increased since previous visit. The injured worker also complained of poor sleep and no change in activity level. The injured worker reported medications working well with no side effects reported. The injured worker reported increase in headaches and stiffness in the neck. The injured worker underwent multiple cervical spine epidural steroid injections at C6-7 and C7-T1 and multiple transforaminal epidural steroid injections at L4-5. Prior use of Lortab 10-500mg was non-certified. Physical examination revealed restricted cervical spine range of motion, tenderness and tight muscle band of the paravertebral muscles, Spurling maneuver positive, deep tendon reflexes equal and symmetric, motor strength 5/5 bilaterally, and sensation decreased over little finger on the left side. The injured worker utilized Relafen, Norco, Neurontin, and Ambien to improve function, activity, tolerance, and perform activities of daily living and self-care. Trial of Norco 10-325mg TID PRN and Ambien provided. The initial request was non-certified on 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request of Hydrocodone - Acetaminophen 10-325 Tablet mg #90 (DOS 7/28/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Hydrocodone/A.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. However, the injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Retrospective request of Hydrocodone - Acetaminophen 10-325 Tablet mg #90 is recommended as medically necessary.