

Case Number:	CM14-0143003		
Date Assigned:	09/10/2014	Date of Injury:	01/09/2006
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/03/2014

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 53-year-old female was reportedly injured on 1/9/2006. The most recent progress note, dated 8/14/2014, indicated that there were ongoing complaints of neck pain. Physical examination demonstrated restricted cervical range of motion with pain in all directions, positive cervical discogenic provocative maneuvers, left trapezius spasms, positive left Spurling's sign, positive left nerve root tension signs, negative Phalen's test and Tinel's test at elbows/wrists bilaterally. Muscle stretch reflexes were 2 and symmetrical in the brachioradialis and right biceps and 1 in the left biceps. Muscle strength was 5/5 in all extremities, except 4+/5 strength in the left biceps, left pronator teres and left wrist extensors. No recent diagnostic imaging studies available for review. Previous treatment included cervical epidural steroid injections (the claimant reportedly underwent an ESI on 8/1/2014), and medications to include gabapentin, Vicodin and naproxen. A request had been made for hydrocodone 5/325 mg # 60 with 2 refills, which was modified to allow for weaning in the utilization review on 8/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/325MG #55 WITH 2 REFILLS: Upheld

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

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 indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS 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 in 2006; however, there is no objective clinical documentation of improvement in the function with the current regimen. This short-term opioid is not supported by the CA MTUS guidelines for long-term treatment of chronic pain. As such, this request is not considered medically necessary.