

Case Number:	CM14-0162283		
Date Assigned:	10/07/2014	Date of Injury:	10/08/2001
Decision Date:	11/07/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/02/2014

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 Texas & Oklahoma. 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 43-year-old female with a reported date of injury on 10/08/2001. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post fusion and cervical discopathy, possible junctional level discopathy, depression, and left shoulder pain/tendinosis/impingement. Her previous treatments were noted to include epidural injection, medications, and physical therapy. The progress note dated 08/11/2014 revealed complaints of ongoing pain to the neck and upper extremities. The physical examination of the cervical spine revealed tenderness to the posterior muscles to the trapezius muscles and occipital region with headaches. There was decreased range of motion and a mild spasm on the cervical range of motion present. The sensory examination and motor examination was within normal limits. The deep tendon reflexes were within normal limits. The Request for Authorization form dated 08/11/2014 was for hydrocodone/APAP 10/325 mg #60, with 1 unit, for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone/APAP 10/325 mg # 60 with one unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for 1 prescription of Hydrocodone/APAP 10/325 mg, #60 with 1 unit, is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status, side effects, and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.