

Case Number:	CM15-0111484		
Date Assigned:	06/17/2015	Date of Injury:	05/15/2009
Decision Date:	07/16/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 57-year-old male, who sustained an industrial injury on May 15, 2009. The mechanism of injury was not provided. The injured worker has been treated for neck and back complaints. The diagnoses have included lumbago, lumbosacral neuritis, cervicgia, brachial neuritis, lumbosacral radiculopathy and insomnia. Treatment to date has included medications, radiological studies, injections, a cervical fusion and a lumbar fusion. Current documentation dated March 4, 2015 notes that the injured worker reported increasing neck pain with associated popping and grinding with rotation to the left. The neck pain radiated to the bilateral shoulders and upper back along with the cervical five-cervical six dermatomes. The pain was rated a seven out of ten on the visual analogue scale with medication. Examination of the cervical spine revealed tightness and spasms of the trapezius muscles and parascapular area. Range of motion was slightly decreased. The treating physician's plan of care included a request for the medication Hydrocodone/Acetaminophen 10/325 mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Hydrocodone / APAP 10/325mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition, Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going, Management, Pages 78-82.

Decision rationale: The Pharmacy purchase of Hydrocodone / APAP 10/325mg #240 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has increasing neck pain with associated popping and grinding with rotation to the left. The neck pain radiated to the bilateral shoulders and upper back along with the cervical five-cervical six dermatomes. The pain was rated a seven out of ten on the visual analogue scale with medication. Examination of the cervical spine revealed tightness and spasms of the trapezius muscles and parascapular area. Range of motion was slightly decreased. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Pharmacy purchase of Hydrocodone / APAP 10/325mg #240 is not medically necessary.