

Case Number:	CM14-0143669		
Date Assigned:	09/12/2014	Date of Injury:	10/13/2008
Decision Date:	10/21/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family Medicine and is licensed to practice in California. 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 64 year old male who reported injuries to his neck, low back, left shoulder, and left lower extremity as a result of a 10/18/08 work related injury. The AME dated 07/22/10 indicates the injured worker reporting repetitive type work involving twisting, bending, pushing, and climbing. The injured worker stated that he had been involved in a motor vehicle accident with a tractor on the property that he had been working on when he was driving a pickup truck. There is an indication the injured worker had previously undergone chiropractic treatments. The injured worker described a tingling sensation in the neck and shoulders. Decreased range of motion was identified throughout the cervical region. The clinical note dated 03/11/13 indicates the injured worker utilizing Vicodin and Mobic for pain relief. The clinical note dated 07/22/14 indicates the injured worker continuing with left shoulder and low back pain. There is an indication the injured worker had undergone a left shoulder arthroscopy. There was also an indication the injured worker is complaining of cervical region pain. The note indicates the injured worker having been prescribed the use of Hydrocodone for the ongoing pain relief. The injured worker rated the ongoing pain as 8/10 at that time. The utilization review dated 08/07/14 resulted in a modified approval for the continued use of Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Hydrocodone 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Hydrocodone; Opioids, c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: The continued use of opioid medications is indicated for injured workers who have responded appropriately manifested by a reduction in pain as well as an objective functional improvement. No objective data was submitted confirming the injured worker's positive response to the use of this medication. VAS scores revealed a plateau regarding the injured worker's pain level. No information was submitted regarding a functional improvement. Without this information in place, this request is not indicated.