

Case Number:	CM13-0016736		
Date Assigned:	11/06/2013	Date of Injury:	10/04/2011
Decision Date:	01/28/2014	UR Denial Date:	08/10/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain 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 physician 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 patient is a 56-year-old male who reported a work-related injury on 10/04/2011. The patient presented for treatment of the following diagnoses: herniated nucleus pulposus of the cervical spine and cervical radiculopathy. The clinical note dated 09/27/2013, signed by [REDACTED], revealed that the patient presented for a followup of cervical spine pain rated at a 3/10. The patient reported numbness to the right hand as well as radiation of pain complaints to the right trapezius region. The patient stated that his neck pain was greater on the right as compared to the left. The provider documented that the patient utilizes Norco 5/325 as needed as well as ibuprofen. The patient reported that medications do help to decrease his pain and allow him to increase his activity level and denied side effects. The provider documented that an MRI of the patient's cervical spine dated 01/06/2012 revealed degenerative disc disease with retrolisthesis at C4-5, central canal stenosis at C3-4 and C4-5 mild canal stenosis. Upon physical exam of the patient, range of motion of the cervical spine was decreased in all planes secondary to pain. The provider documented that the patient had pain with facet loading to the right and mid cervical facet region. Upper extremity sensation was intact; the patient had 4+/5 motor strength to the right motor groups of the upper extremity. The provider documented a continued request for an interlaminar epidural injection at C4-5 and possibly a medial branch block if the patient does not have pain resolution with an epidural. The patient was prescribed ibuprofen 800 mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription Hydrocodone/APAP 5/325mg, #90 between 6/25/13 and 9/28/13: 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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reported that the patient continued to present with chronic pain complaints about the cervical spine. The provider documented that the patient utilized Norco 5/325 as needed for his pain complaints. The clinical notes did not indicate when the patient last underwent a urine drug screen to assess for patient compliance with his medication regimen. The California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Therefore, given the above, the request for 1 prescription of hydrocodone/APAP 5/325 mg #90 is not medically necessary or appropriate.