

Case Number:	CM13-0025177		
Date Assigned:	11/20/2013	Date of Injury:	07/13/2005
Decision Date:	01/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 07/14/2005. The patient has had a history of left sided neck pain radiating to the left upper extremity. The patient has been utilizing Norco 10/325 mg since at least 02/03/2012. The patient is status post ACDF at C4-5. The patient has also been treated with cervical epidural steroid injections. The patient has also had a history of inconsistent urine drug screens to include presence of methamphetamine. The patient was seen for neurosurgical consultation on 07/09/2013 and was recommended for an MRI of the cervical spine. However, the same noted indicated that there were no neurologic deficits on testing. The patient's current treatment plan is for repeat MRI of the cervical spine and ongoing medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM guidelines state that "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas." In addition, Official Disability Guidelines state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The documentation submitted for review fails to indicate the patient has any significant neurological deficits to warrant an MRI of the cervical spine at this time. Furthermore, there is lack of documentation of any significant change in the patient's symptoms and/or objective clinical findings to warrant a repeat MRI. The prior MRI study was not submitted for review. Given the above, the request is non-certified at this time.

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 76-78.

Decision rationale: CA MTUS guidelines state that "The 4 A's for Ongoing Monitoring: Four 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 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." The most recent note indicates that the patient's pain is reduced from a 8/10 or 9/10 to a 4/10 or 5/10 with the use of Norco. However, the patient has a history of inconsistent urine drug screens. The patient's last urine drug screen was on 05/17/2013. Given the patient's history of multiple failed urine drug screens, ongoing use of Norco would not be supported per the guidelines with a urine drug screen over six months old and only one (1) consistent urine drug screen status post most recent inconsistent study. Therefore, the request for hydrocodone 10/325 mg #120 is non-certified.