

Case Number:	CM13-0042394		
Date Assigned:	01/15/2014	Date of Injury:	02/14/2004
Decision Date:	04/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 49 year old male who sustained an industrial injury on 02/14/2004. He slipped stepping out of a boat and fell on concrete. He sustained scrapes and bruises and injured his neck. His diagnosis is chronic neck pain s/p C5-C6 fusion. He complains of midline neck pain above and below the fusion which radiates to the upper trapezius and down the right triceps into the forefinger and ring finger. Pain is 5/10. On exam he is tender over the midline above and below the fusion and the facet joints above and below the fusion. Treatment has included medical therapy with opiates, cervical fusion, and physical therapy. The pharmacy purchase of Hydrocodone /APAP 5/325mg #90 has been requested.

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 5/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81, 92.

Decision rationale: There is no documentation provided necessitating the ongoing use of Hydrocodone/APAP 5/325 for the claimant's chronic pain condition. The literature indicates that

in chronic pain analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Opioid therapy for pain control should not exceed a period of 2 weeks and should be reserved for moderate to severe pain. The failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The guidelines recommend short term opiate use for acute pain, longer term use contingent upon ongoing functional improvement. The documentation provided indicates that there is no increased function noted with this extended opiate use therefore, continuation is not medically appropriate. The requested treatment is not medically necessary.