

<b>Case Number:</b>	CM13-0055439		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Orthopedic Surgery, 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 patient is a 51-year-old gentleman who sustained a neck injury in a work related accident on October 21, 2007. The records provided for review included a November 27, 2013 follow up examination noting chronic complaints of neck pain with radiating upper extremity pain. The report documented that the patient was utilizing medication management for his current treatment course. Physical examination was documented to show no spasm, positive tenderness from C4 through C7 and moderately restricted range of motion. Working diagnosis was status post cervical fusion with headaches, chronic pain and insomnia. The recommendation was made to continue work restrictions and medications to include Hydrocodone, MS Contin and Ambien. The patient's fusion was noted to have taken place in October of 1991. Previous clinical records by Dr. Baker on October 2, 2013 documented a current weaning period for opioids. This review is for a prescription for Hydrocodone for this individual.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE BIT/APAP 10/325MG #30; QTY 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Section, Opioids-Criteria For Use Section Page(s): 91-94,.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, continuation of hydrocodone, a short acting narcotic analgesic, would not be indicated. The records provided for review describe a chronic and lengthy injury to the patient's neck. The clinical records of October 2013 document weaning periods for discontinuation of short acting opioid analgesics. At this time in the patient's clinical course of care, the continuation of a prescription of hydrocodone would not be indicated. There is no documentation to determine if hydrocodone decreases the patient's pain and allows him to increase his level of function. The benefit from hydrocodone cannot be established from the records provided, and the weaning period has already been initiated. The request for Hydrocodone BIT/APAP 10/325 mg #30, quantity of 120, is not medically necessary or appropriate.