

Case Number:	CM13-0066773		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2004
Decision Date:	04/22/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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:

This is a 48-year-old female patient with date of injury 08/16/2004 and the mechanism of injury was not provided. The injury resulted in diagnoses of lumbar and cervical intervertebral disc displacement without myelopathy; lumbar spinal stenosis. Past treatments have included steroid injections, chiropractic care, medications, diagnostics, and brace. MRI of the cervical spine on 06/03/2013 revealed desiccation throughout the cervical spine, decreased disc height at C3-4 through C5-6, and mild spondylosis at C5-6. There was a 4.8 mm central focal disc protrusion indenting the spinal cord producing spinal canal narrowing at C3-4. At C4-5, there was a 4.8 mm central focal disc protrusion that indented the spinous cord producing spinal canal narrowing. At C5-6, there was a 3.8 mm central focal disc protrusion abutting the spinal cord producing spinal canal narrowing. At C6-7, there was a 2.1 mm central focal disc protrusion that abutted the thecal sac. There was a urine drug screen performed on 10/29/2013 in which all substances tested for were non-detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75.

Decision rationale: The CA MTUS Guidelines state "Short-acting opioids: also known as "normal release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours." The request for hydrocodone/APAP 10/325 mg #120 is non-certified. The patient reported that the steroid injections helped minimally and is still complaining of neck pain with stiffness and spasms. There was also pain in the upper and lower back radiating to the arms and both legs. There was also head pain on the left, difficulty sleeping, and clicking in the left knee. Objective findings were full range of motion in all planes of the cervical spine. California MTUS Guidelines do recommend medication for pain control, but do not recommend long-term use. As such, the request is non-certified.