

Case Number:	CM14-0004082		
Date Assigned:	02/05/2014	Date of Injury:	04/08/2013
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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 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 an employee of [REDACTED] and has submitted a claim for cervical spine sprain, post-concussion syndrome, and disc bulges C5-6 associated with an industrial injury date of April 8, 2013. The treatment to date has included immobilization, activity modification, non-steroidal anti-inflammatory drugs (NSAIDs), opioids, home exercise programs, and physical therapy. The medical records from 2013 were reviewed. The patient complained of persistent neck pain radiating to both shoulders. The physical examination showed tenderness over the upper trapezius, levator scapulae, and rhomboids bilaterally. The utilization review from December 17, 2013 denied the request for the pharmacy purchase of continue Hydrocodone 5/325mg because the quantity was not noted on the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF CONTINUED HYDROCODONE 5/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WHEN TO DISCONTINUE OPIOIDS: SEE OPIOID HYPERALGESIA & WEANING OF MEDICATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 78-81.

Decision rationale: The Chronic Pain Guidelines state that four (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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been using Hydrocodone since July 2013. There was documented improvement in pain scores and the patient was able to go back to work since October 2013. No adverse effects were noted on the recent progress notes reviewed. The urine drug screening done on October 30, 2013 showed consistent results. However, no quantity of this medication was noted on the request. Therefore, the request for pharmacy purchase of continued Hydrocodone 5/325mg is not medically necessary.