

Case Number:	CM14-0152193		
Date Assigned:	09/22/2014	Date of Injury:	05/17/1996
Decision Date:	10/21/2014	UR Denial Date:	09/14/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 58 year old female with complaints of neck pain, bilateral upper extremity pain, low back pain, and lower extremity pain. The date of injury is 5/17/96 and the mechanism of injury is not elicited. At the time of request for hydrocodone/APA 10/325 #120, there is subjective (neck pain, low back pain, upper and lower extremity pain, numbness upper extremities) and objective (antalgic gait, cervical spine tenderness C4-7, restricted range of motion cervical spine, decreased sensory upper extremities, tenderness to palpation and spasm L4-S1, decreased sensory L4-S1 lower extremities, decreased motor strength bilateral lower extremities, Achilles reflex decreased bilaterally, patellar reflexes decreased bilaterally, straight leg raise in seated position was positive bilaterally, tenderness bilateral shoulders, restricted range of motion shoulders, allodynia upper extremities bilaterally) findings, imaging findings (12/31/13 MRI cervical and lumbar spine shows degenerative changes resulting in canal stenosis C3-4 thru C5-6, severe neural foramina stenosis C3-4,C4-5, C7-T1 anterolisthesis without spondylolysis, worsening grade I anterolisthesis L4-5, bilateral neural foraminal and canal stenosis L3-4,L4-5, MRI left knee dated 5/30/09 shows medial/lateral meniscal tear), diagnoses (cervical radiculopathy, lumbar radiculopathy, Complex Regional Pain Syndrome), and treatment to date (exercise program, trigger point injections, medications, epidural injections, and acupuncture). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Criteria for Use of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not mention any ongoing monthly evaluation of efficacy of this pharmacologic treatment, the request for Hydrocodone/APAP 10/325#120 is not medically necessary.