

Case Number:	CM14-0154970		
Date Assigned:	09/25/2014	Date of Injury:	10/04/1988
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 70-year-old male with a reported date of injury of 10/04/1988. The mechanism of injury was not listed in the records. The diagnoses included cervical spondylosis, failed back syndrome, and facet joint syndrome. The past treatments included pain medication, physical therapy, medial branch blocks, and radiofrequency ablation. There were no diagnostic imaging studies submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 08/12/2014 included severe neck pain radiating up to his temples. The injured worker rated his pain 8/10 on today's visit. He describes it as constant in nature. The physical exam findings noted that the range of motion of the cervical spine is reduced; there is tenderness present in the cervical paravertebral region on the left side; and, the Spurling's test is positive on the right for neck pain only. The medications included hydrocodone 7.5/325 and omeprazole 20 mg. The treatment plan was to refill the medications and continue them. A request was received for hydrocodone/APAP 7.5/325 #60. The rationale for the request was to decrease pain. The Request for Authorization form is dated 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 7.5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The California MTUS Guidelines state 4 domains have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker has chronic neck pain. The notes indicate that the patient was previously on hydrocodone/APAP 5/500 mg; however, it was not adequately controlling the pain. This request is for an increase in the pain medication to hydrocodone/APAP 7.5/325. The notes document a pain scale, side effects, physical and psychosocial functioning, and the potential for aberrant behavior. The notes also include the CURES report, and the CURES report is consistent. This request seems reasonable; however, the request as submitted does not provide a medication frequency. In the absence of a medication frequency, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.