

Case Number:	CM14-0166399		
Date Assigned:	10/13/2014	Date of Injury:	04/13/2012
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 77-year-old woman who sustained a work-related injury on April 15, 2012. Subsequently, she developed with Dr. chronic neck and shoulder pain. An magnetic resonance imaging (MRI) of the cervical spine was performed on February 27, 2014 and demonstrated multilevel degenerative more severe at C5-C6 and C6-C7. An MRI of the thoracic spine was performed on February 27, 2014 demonstrated the multilevel disc degeneration. According to progress report dated on June 3, 2014, the patient was complaining of back and neck pain. The pain severity was rated 7-8/10. The is physical examination demonstrated the neck tenderness with reduced range of motion, bilateral shoulder tenderness and limited range of motion of the shoulders. The patient was previously treated with acetaminophen/hydrocodone without clear evidence of efficacy. The provider requested authorization to continue acetaminophen/hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Acetaminophen/Hydrocodone 325/10mg QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: OnGoing use of chronic opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): 76-79..

Decision rationale: According to California MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to California MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four 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 potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of functional and pain improvement with previous use of hydrocodone. There is no documentation of continuous compliance of patient to his medications. Therefore, the prescription of Hydrocodone/Acetaminophen 325/10mg QTY: 1.00 is not medically necessary.