

Case Number:	CM14-0180592		
Date Assigned:	11/05/2014	Date of Injury:	10/04/1988
Decision Date:	12/10/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/30/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/04/88. He continues to be treated for chronic neck pain. He was seen by the requesting provider on 04/17/14. He was having constant pain rated at 7/10. Medications are referenced as improving sitting, standing, and walking tolerances by 90%. Physical examination findings included decreased cervical spine range of motion with left trapezius and paravertebral tenderness. Spurling's testing caused neck pain bilaterally. Prior treatments were reviewed. These had included cervical medial branch blocks and radiofrequency ablation. He was continuing to receive acupuncture treatments. Authorization for additional acupuncture was requested. Hydrocodone 7.5/325 mg #60 was refilled. On 06/13/14 he was having neck pain radiating into the occiput and temples. He was having episodes of dizziness and felt unsteady. Pain was rated at 8/10. Medications were providing a 40% improvement. Authorization for repeat radiofrequency ablation treatment was requested. On 10/09/14 he had undergone the radiofrequency ablation treatment and the claimant reported a more than 90% improvement. Pain was rated at 2/10. Hydrocodone 7.5/325 mg #60 was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Month Month Supply Hydrocodone 7.5 MG Acetaminophen 325 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic neck pain. Medication include hydrocodone being prescribed at a total MED (morphine equivalent dose) of 15 mg per day. Hydrocodone / acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of hydrocodone / acetaminophen was medically necessary.