

Case Number:	CM14-0022791		
Date Assigned:	06/11/2014	Date of Injury:	07/05/2008
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 47-year-old male who reported an injury on 07/05/2008. The mechanism of injury was not provided within the documentation. It was noted that the injured worker was status post cervical fusion at C5-6 level and this was reported to have been done on 09/09/2013. It is also noted that the injured worker had a prior cervical fusion at the same level on 04/19/2010. The injured worker's complaints had been pain in the neck and right shoulder radiating to his head and right upper extremity. He described his pain as sharp, burning, stabbing, and throbbing. The frequency of his pain was noted to be constant. The injured worker rated his pain at 6/10. The injured worker also indicated he had difficulty sleeping due to the pain. The injured worker had prior treatments of pharmacologic management, physical therapy, injections, home stretching exercises, and acupuncture. The injured worker indicated that these all failed to provide adequate relief. The objective findings indicate the injured worker was walking with an antalgic gait. Upon examination of the thoracic spine, there was no evidence of atrophy or asymmetry noted. Tenderness was present over the thoracic paraspinal muscles from C6 through T2. Upon examination of the lumbar spine, sensations were decreased in the entire right lower extremity. Motor strength was 4/5 in the right lower extremity and 5/5 in the left lower extremity. Motor strength was diminished in the right EHL and right ankle dorsiflexors at 4/5. Upon examination of the cervical spine, range of motion was reduced. Midline posterior cervical incision appeared well-healed. There was no evidence of infection. Spasticity was present in the right upper extremity. Right grip strength was decreased to 4/5. There was decreased sensation in the right upper extremity and left upper extremity sensation was intact. The treatment plan was for a prescription of Norco 10/325 mg for pain. The provider's rationale for the requested hydrocodone was provided within the documentation. The

Request for Authorization for Medical Treatment was not provided within the documentation for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: HYDROCODONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management, specific drug list Page(s): 78, 91.

Decision rationale: The injured worker noted in a clinical evaluation that pharmacological interventions had been unsuccessful in eliminating his pain. The clinical evaluation noted the injured worker had a pain rating of 6/10. This rating was reportedly with the use of hydrocodone. The California MTUS Chronic Pain Medical Treatment Guidelines indicate hydrocodone for moderate to moderately severe pain. The usual dose is 5/500 mg and is 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain. It is noted within the clinical documentation that the injured worker has been using hydrocodone; however, it is also noted that it has not been effective for pain control. The guidelines provide 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs. The documentation does not indicate the four A's are being monitored. The provider's request for medication hydrocodone fails to indicate a dose, a frequency, and a quantity. Therefore, the request for medication hydrocodone is not medically necessary and appropriate.