

Case Number:	CM14-0028379		
Date Assigned:	04/07/2014	Date of Injury:	07/13/2002
Decision Date:	05/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for pain in the neck and upper back with an industrial injury date of July 13, 2002. Treatment to date has included local injections, and the following medications: Cyclobenzaprine, Hydrocodone, MS Contin, Trazodone, Vicodin, and Tramadol. Utilization review from December 13, 2013 modified the request of Hydrocodone 10/500mg PO Q8H PRN #90 for 3 refills to Hydrocodone 10/500mg #45 for weaning and MS Contin 15mg PO Q8H #90 no refill to MS Contin 15mg #45 for weaning. Medical records from 2013 were reviewed, the latest of which November 25, 2013 which revealed that the patient has persistent neck pain radiating to the scapular region. She described the pain as stabbing and achy-type of pain. She feels her pain is tolerable since she stopped working. On physical examination, spasm was noted in the cervical paraspinal muscles and stiffness noted in the cervical spine. Dysesthesia to light touch noted in the left C6 dermatome. Strength is 5/5 in bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODOONE 10/500MG #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines chapter on opioids, documentaion of ongoing review, documentation of pain relief, functional status, appropriate medication use, and side effects are required for patients on chronic opioid therapy. In this case, Hydrocodone was prescribed since September 2013 for neck pain. However, the document does not identify analgesia and functional benefit with the opioid use. Also, there is no monitoring of compliance and screening for aberrant behavior. Therefore, the request for Hydrocodone10/500mg #90 with 3 refills is not medically necessary and appropriate.

MS CONTIN 15MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines chapter on opioids, documentaion of ongoing review, documentation of pain relief, functional status, appropriate medication use, and side effects are required for patients on chronic opioid therapy. In this case, MS contin was noted as pain medication since July 2013 for neck pain. However, the document does not identify analgesia and functional benefit with the opioid use. Also, there is no monitoring of compliance and screening for aberrant behavior. Therefore, the request for MS Contin 15mg #90 is not medically necessary and appropriate.