

Case Number:	CM14-0041081		
Date Assigned:	06/27/2014	Date of Injury:	07/11/2006
Decision Date:	07/23/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 a 67 year old male with an injury date of 07/11/06. Based on the 03/13/14 progress report provided the patient complains of bilateral upper back (cervical spine) pain. The pain is described as being aching and tender. In addition to pain, the patient also has difficulty with activities of daily living (ADLs), dropping objects frequently from his bilateral hands, numbness (both hands), stiffness (neck) and tingling bilateral upper limbs. The patient's diagnoses includes cervical facet syndrome, cervical spondylosis with myelopathy, cervical spondylosis without myelopathy, abnormal posture with mild protraction of the neck, radiculopathy (cervical improved with TFESI), and MSK system symptoms to the neck (mild cervical protraction). The treating physician is requesting for Hydrocodone/APAP 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, pages 60-61; Opioids, pages 88-89 and Pain Assessment, page 78. Page(s): 60,61;78;88, 89.

Decision rationale: According to the 03/13/14 report, the patient presents with bilateral upper back (cervical spine) pain. The request is for Hydrocodone/APAP 10/325 mg #90. The reports all state that Hydrocodone/APAP 10/325 mg helps the patient's pain and provides functional improvement (basic activities of daily living such as doing light housework, dressing and undressing, functional transfer, personal hygiene and grooming, sitting time, sleeping, standing time and walking). For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. All of the reports provided indicate the same changes. It appears as though the provider used the same explanation regarding the impact Hydrocodone/APAP had on the patient. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is not medically as outlined in MTUS Guidelines.