

Case Number:	CM14-0041497		
Date Assigned:	06/27/2014	Date of Injury:	05/29/2012
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 5/29/12 date of injury, and cervical spine surgery on 7/26/12. At the time (2/10/14) of request for authorization for Narcotic med/ Hydrocodone/APAP 10/325mg, there is documentation of subjective (neck pain with intensity of 8/10 radiating to both upper extremities and back pain with intensity of 8/10) and objective (tenderness with decreased range of motion of the cervical and lumbar spines) findings, current diagnoses (right cervical radiculopathy, HNP (Herniated Nucleus Pulposus) of cervical spine, bilateral facet arthropathy, multilevel cervical neural foramina narrowing, and cervical canal stenosis), and treatment to date (medications (including Hydrocodone/Acetaminophen since at least 10/28/13), physical therapy, chiropractic therapy, and epidural steroid injection). Medical report identifies that Hydrocodone/APAP helps decrease pain by approximately 50% and increases patient's walking distance by about 10-15 minutes. There is no documentation that the prescriptions are from a single practitioner and the lowest possible dose is being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of right cervical radiculopathy, HNP of cervical spine, bilateral facet arthropathy, multilevel cervical neural foramina narrowing, and cervical canal stenosis. In addition, there is documentation of ongoing treatment with Hydrocodone/Apap which helps decrease pain by approximately 50% and increases patient's walking distance by about 10-15 minutes. Furthermore, there is documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that the prescriptions are from a single practitioner and the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Narcotic med/ Hydrocodone/Apap 10/325mg is not medically necessary.

Eight (8) Chiropractic visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals, as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of diagnoses of right cervical radiculopathy, HNP (Herniated Nucleus Pulposus) of cervical spine, bilateral facet arthropathy, multilevel cervical neural foramina narrowing, and cervical canal stenosis. In addition, given documentation of subjective findings (neck pain with intensity of 8/10 radiating to both upper extremities and back pain with intensity of 8/10) and objective findings (tenderness with decreased range of motion of the cervical and lumbar spines), there is documentation of objective functional deficit and functional goals. However, the requested 8 chiropractic visits exceeds the recommended guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for 8 Chiropractic Visits is not medically necessary.