

Case Number:	CM14-0066974		
Date Assigned:	07/14/2014	Date of Injury:	09/16/2003
Decision Date:	08/18/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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 female with a 9/16/03 date of injury, and status post C5-6 and C6-7 fusion 9/6/07 and 5/18/06, and status post C6-7 foraminotomy 6/17/04. At the time (4/11/14) of request for authorization for Hydrocodone/APAP 7.5mg #120, there is documentation of subjective (ongoing neck and bilateral upper extremity complaints, shooting neck pain and spasms, numbness and burning and tingling in the bilateral hands and toes, and recurring headaches) and objective (tenderness to palpation of the cervical spine extending into the bilateral trapezius region, limited range of motion of the cervical spine, 5-/5 motor strength for the right biceps, wrist extensors, and wrist flexors, spasm into the left trapezius region) findings, current diagnoses (status post posterior fusion C5-6 and C6-7 due to pseudoarthrosis 9/6/07, status post anterior cervical fusion C5-6 and C6-7 5/18/06, status post posterior foraminotomy C6-7 6/17/04, and chronic neck pain), and treatment to date (medications (including Hydrocodone/APAP (since at least 9/13)). 3/7/14 medical report identifies that the patient is taking Norco which decreased pain, allowing the patient to do more housework. There is no documentation that the prescriptions are from a single practitioner and are taken as directed and that 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 7.5mg #120: Upheld

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

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

Decision rationale: 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post posterior fusion C5-6 and C6-7 due to pseudoarthrosis 9/6/07, status post anterior cervical fusion C5-6 and C6-7 5/18/06, status post posterior foraminotomy C6-7 6/17/04, and chronic neck pain. In addition, given documentation that the patient is taking Norco which decreased pain and allows the patient to do more housework, there is documentation of functional benefit or improvement as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 7.5mg #120 is not medically necessary.