MAXIMUS Federal Services

Case Number:	CM14-0078077		
Date Assigned:	07/18/2014	Date of Injury:	01/05/2011
Decision Date:	09/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 is licensed to practice in Texas. 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 58 year old male who sustained an industrial injury on 01/05/2011. According to the PTP progress report, dated 4/11/2014, the patient complains of neck pain and neck pain radiating down both arms. The pain level is increased since last visit, sleep quality is poor, and activity level is decreased. He reports taking medications as prescribed, and that medications are working well with no side effects reported. He reports constant numbness sensation. A prior CESI was ineffective. Current medications are Docusate, Prilosec, Conzip, Neurontin, and Norco 5/325. Physical examination documents appears mildly depressed, moderate pain and frustrated, restricted neck flexion/extension with pain, radicular symptoms with right Spurling's maneuver, tenderness, increased muscle tone, restricted right shoulder range of motion (ROM, positive) Hawkin's, Neer's, empty can, and speeds tests, tenderness, 5-/5 grip and left shoulder flexor, and 5/5 right shoulder flexor strength. Diagnoses are cervical pain, cervical radiculopathy, cervical disc disorder, and shoulder pain. The 9/27/2013 urine toxicology screen was all negative, which was appropriate because he had not taken tramadol in 3-4 weeks. The treatment plan is to continue Conzip, Norco, trial increase Neurontin, Docusate, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 5/325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods: Weaning Page(s): 76 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Chronic use of opioids is not generally supported. These agents are often combined with other analgesics such as acetaminophen and aspirin. The Guidelines indicate that 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 non-adherent) 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 medical records do not document pain and functional improvement with comparison to baseline, relevant to Norco. According to the 4/11/2014 progress report, the patient complains of increased pain level and decreased activity level. Per the guidelines, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Given these factors, Hydrocodone APAP 5/325mg, #30 is not medically necessary.