

Case Number:	CM14-0081798		
Date Assigned:	07/18/2014	Date of Injury:	06/25/2012
Decision Date:	08/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 with a work injury dated 6/25/12. The diagnoses include multilevel disc herniation of cervical spine with moderate to severe neural foraminal narrowing, facet arthropathy of cervical spine, status post anterior/posterior fusion at L4 through S1, severe facet arthropathy at L3-L4., history of DVT, history of osteomyelitis of the right knee. Under consideration is a request for Hydrocodone 10/325 mg #90 there is a primary treating physician (PR-2) document dated 4/16/2014. The patient presents today with his wife for a follow-up with ongoing neck and back pain that he currently rates a 7-8/10 on the pain scale. He continues to have significant complaints. He is taking Norco and Norflex and although these medications do help with his pain level and normalization of his function. He denies side effects to these medications. The comprehensive interval history form was reviewed. The patient's pain diagram was reviewed in detail with the patient. On physical exam, the patient is alert and oriented, in no acute distress. His gait is normal and non-ataxic. He has limited range of motion of the cervical and lumbar spines. He does have tenderness to palpation of the cervical and lumbar spines. He has diminished sensation of the left C6, C7 and C8 dermatomes. He does have diminished sensation of the left L4, L5 and 51 dermatomes. The motor exam of the deltoid, biceps, internal rotation, external rotation, wrist extension and wrist flexion are 4+/5 and on the left. The psoas, quadriceps. Hamstrings, tibialis anterior and EHL on the right are 4+/5. The treatment plan includes requesting authorization for a lumbar rhizotomy bilaterally at L3-L4, requesting authorization for the interlaminar epidural steroid injection at C6-C7 for diagnostic and therapeutic reasons and the patient will continue Norco, Norflex and the Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use pages 76-80 Page(s): 76-80.

Decision rationale: Hydrocodone 10/325 mg #90 is not medically per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or changed his functioning to a significant degree therefore Hydrocodone is not medically necessary. The documentation reveals the patient continues to have a VAS pains scale of 7-8/10. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for Hydrocodone 10/325 mg #90 is not medically necessary.