

Case Number:	CM13-0026562		
Date Assigned:	12/27/2013	Date of Injury:	02/08/1999
Decision Date:	03/17/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 76 year old male, who sustained an industrial injury on February 8, 1999. The diagnoses have included T12 compression fracture, 60% with left T12 radiculopathy, right shoulder impingement syndrome, and cervicalgia/degenerative disc disease/facet syndrome. Treatment to date has included epidural steroid injections, chiropractic treatments, bilateral cervical neurotomies in 2011 and 2012, and medications. The injured worker complains of chronic cervical and thoracic pain, with the thoracic pain radiating around the left lateral ribcage. The Treating Physician's report dated July 31, 2013, noted cervical tenderness in all planes, thoracic spine tender to palpation, with mild tenderness to the parathoracic T12. The injured worker was noted to have received greater than four months of excellent relief (80% reduction in pain) with the T12-L1 epidural steroid injection. On September 10, 2013, Utilization Review non-certified Hydrocodone 5/500 #75, one by mouth every eight hours for pain, with one refill, noting the medication dose was too high, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines. On September 20, 2013, the injured worker submitted an application for IMR for review of Hydrocodone 5/500 #75, one by mouth every eight hours for pain, with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE HYDROCODONE 5/500 #75 1 BY MOUTH EVERY 8 HOURS FOR PAIN, 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 76-79 Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of HYDROCODONE. HYDROCODONEo was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of ONE HYDROCODONE 5/500 #75 1 BY MOUTH EVERY 8 HOURS FOR PAIN, 1 REFILL is not medically necessary.