

Case Number:	CM14-0127648		
Date Assigned:	08/15/2014	Date of Injury:	12/10/2009
Decision Date:	03/03/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old male with a date of injury of December 10, 2009. Results of the injury include severe neck pain radiating to his upper back and shoulder area. Diagnosis include history of cervical fusion and history of neurostimulation unit implantation. Treatment has included alternative ice and heat, pain medications, and follow up. Per the utilization review form electrodiagnostic study dated March 22, 2013 showed evidence consistent with bilateral carpal tunnel, moderate on the right and moderate to severe on the left, mild bilateral ulnar sensory neuropathy and possible early right ulnar neuropathy. Progress report dated July 10, 2014 revealed tenderness over the cervical spine area with limited range of motion. Work status was noted as modified work duty. The treatment plan included reevaluation with the orthopedic physician, Vicoden, and neuromodulation unit. Utilization review form dated July 30, 2014 non certified Hydrocodone/APAP 5-300mg days supply 30, Quantity 60, MED 20 due to noncompliance with MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5-300mg, Days Supply 30, #60, MED 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker had reduced opioid use to hydrocodone 5 mg 1-2 times daily in March, and had been provided 60 tablets every month. Every month the requesting physician reports that it is reasonable to continue hydrocodone 5 mg 1-2 times daily for residual pain, and that the injured worker is encouraged to reduce opioid use. There has not been a report of actual opioid use, success at reducing opioid use, pain reduction benefit and functional improvement as a result of continued opioid use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment.