

<b>Case Number:</b>	CM14-0202430		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/05/2008
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Rehab 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:

This 47 year old male was injured 7/5/08. The mechanism of injury was cumulative trauma. Progress note from 12/17/13 indicated cervical spine injury. The injured worker at that time indicated improvement in symptoms. He was status post anterior cervical fusion C5-6 (4/19/10). His symptoms improved somewhat. Testing included medial branch block on 2/28/13, 3/7/13 and rhizotomies 6/6/13 and 6/13/13 with no significant improvement in symptoms. Cervical spine radiographs (12/17/13) indicated good progression of the fusion posteriorly at C5-6. After 6 months postoperative the injured worker continued to exhibit radiating neck pain to the right upper extremity. Documentation indicated symptom improvement with medication. On 9/6/13 the injured worker had a posterior cervical fusion at C5-6. On physical examination there was tenderness over the thoracic paraspinal muscles at C6-T2. He exhibited an antalgic gait. There was decreased sensation and motor strength in the entire right lower extremity. He exhibited decreased range of motion of the cervical spine with tenderness in the cervical paravertebral regions bilaterally at C5-6 and C6-7. Tremor noted in right arm and he expressed difficulty with performing activities of daily living. He completed physical therapy sessions, but the quantity was not documented. He had some relief from sessions and was using a cane. His medications include hydrocodone, omeprazole and cyclobenzaprine. Documentation indicated that the injured worker had drug screens to determine the current level of prescription medications and they are consistent with what was prescribed. His diagnoses included status post posterior spinal fusion, C5-6, anterior cervical fusion, C5-6 and Parkinson's disease. He is permanent and stationary and temporarily totally disabled. He continues to exhibit pain to the right side of his body described as constant, burning and sharp with intensity of 6/10 which is unchanged. On 10/31/14 Utilization Review non-certified the request for Hydrocodone/Acetaminophen 10/325 mg based

on no significant functional improvement with the long term use of narcotic medication. ACOEM and ODG section on chronic pain/ Opioids/ medications were referenced.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone/Acetaminophen 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 47 year old male was injured 7/5/08. The mechanism of injury was cumulative trauma. Diagnoses included status post C5-6, anterior cervical fusion, and Parkinson's disease. He is permanent and stationary and temporarily totally disabled. The patient continues to exhibit chronic ongoing pain to the right side of his body described as constant, burning and sharp with intensity of 6/10 which is unchanged. Exam showed unchanged findings without acute flare or new injuries. Treatment was to continue with opioid therapy. Urine drug screen was reported to be consistent. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone/Acetaminophen 10/325mg is not medically necessary and appropriate.