MAXIMUS Federal Services

Case Number:	CM15-0104409		
Date Assigned:	06/08/2015	Date of Injury:	01/20/2015
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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, Alabama, 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 54 year old female patient who sustained an industrial injury on 01/20/2015. The accident was described as while working for a cleaning service cleaning a shower reached up experiencing neck pain. The initial report of illness dated 01/27/2015 reported the patient with subjective complaint of having neck pain. She is diagnosed with neck strain given medications and is prescribed to return to full work duty on 01/30/2015. Radiography study performed on 01/27/2015 reported a computerized tomography study of the cervical spine showed negative for fracture; congruent with preliminary report; status post anterior interbody fusion at C5-6 with moderately advanced degenerative disc disease at C6-7. Of note, the patient is with history of chronic neck disease. The plan of care involved follow up visit with occupational health, prescribed Norco and Ibuprofen, given a few days off from work, application of heat and return as needed. A more recent follow up dated 04/30/2015 reported 02/09/2015 worsening of symptom now with radiation of pain into left arm/hand, and on 02/26/2015 ongoing symptom with spasms and radiation still pending consultation. On 03/26/2015 she reported that physical therapy session has not helped her increase function or decrease the pain. Lastly on 04/30/2015 states her condition is worse with pending neurosurgeon appoint of 04/21/2015. Medication is: Hydrocodone/APAP 10/325mg, Ibuprofen 600mg, Carisoprodol, Flexeril, Lorazepam, Abilify, Cymbalta and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids 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's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.