

Case Number:	CM15-0144888		
Date Assigned:	08/26/2015	Date of Injury:	01/22/2004
Decision Date:	09/28/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 56 year old female, who sustained an industrial injury on 1-22-2004. Diagnoses include cervical pain, cervical radiculopathy, post cervical laminectomy syndrome, backache unspecified and lumbar radiculopathy. Treatment to date has included surgical intervention (cervical discectomy and fusion, 2010), as well as conservative treatment including diagnostics, work modifications, epidural steroid injections, trigger point injections and medications. Current medications include Ibuprofen, Zanaflex, Medrol, Cymbalta, Lidoderm patch, MS Contin, Hydrocodone-APAP, Nabumetone, Docusate Sodium and Atenolol. Per the Primary Treating Physician's Progress Report dated 5-18-2015, the injured worker reported worsening neck pain rated as 7 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed tenderness to the paravertebral muscles of the cervical, thoracic and lumbar spine. There was limited range of motion with pain of the cervical and lumbar spine. She has an antalgic gait and ambulates with a cane. The plan of care included opioid pain medication and authorization was requested for Hydrocodone-APAP 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg 1 q4-6 hours prn (max 4/day); #120 with 1 refill: 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 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 has been taking Hydrocodone/APAP without objective documentation of functional improvement or significant decrease in pain. 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. The request for Hydrocodone/APAP 10/325mg 1 q4-6 hours prn (max 4/day); #120 with 1 refill is not medically necessary.