

Case Number:	CM15-0149154		
Date Assigned:	08/12/2015	Date of Injury:	06/25/1984
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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 was a 56 year old female, who sustained an industrial injury, June 25, 1984. The injured worker previously received the following treatments cervical fusion of C4-C7 in February of 2013, home exercise program and Hydrocodone. The injured worker was diagnosed with cervical spine stenosis with spinal cord changes and status post 3 level cervical fusion. According to progress note of June 17, 2015, the injured worker's chief complaint was cervical neck pain with headaches. The injured worker was not seen for two years, was doing well. The injured worker was taking Motrin which helped. The physical exam noted diffuse pain in the right paracervical pain. The pain focus was above the fusion. The injured worker had minimal right cervical rotation. The treatment plan included a prescription for Hydrocodone with Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone apap 10/325mg, qty unknown: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines supports at least a trial of opioids for long chronic pain when other treatments have been insufficiently effective. It is documented that this patient has been not been taking opioids for some time, but has had a recent flare in pain and Hydrocodone 2-3 per day as needed is now being recommended. This appears to essentially be a "new" prescription with a trial of opioids for the increased pain. If the Hydrocodone is being utilized for several months and there is inadequate evidence pain relief and functional benefits this can be re-reviewed. However, at this point in time, a trial of Hydrocodone is supported by Guidelines and is medically necessary.