

Case Number:	CM15-0169938		
Date Assigned:	09/10/2015	Date of Injury:	09/09/2004
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 male, who sustained an industrial injury on September 9, 2004. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a nonunion fracture, degenerative cervical intervertebral disc, brachial neuritis unspecified, and cervical intervertebral disc displacement with myelopathy. Medical records (on August 3, 2015) indicate the injured worker was seen for an anniversary visit status post a two level fusion of the neck. The injured worker had no neck pain, arm weakness, and no speech or swallowing issues. The injured worker's thumbs hurt at the carpometacarpal (CMC) joint, right worse than left. There was no documentation of his current medication in the provided medical records. Records also indicate that he was last prescribed Norco in October 2014. The physical exam (on August 3, 2015) reveals inspection and palpation of the neck was within normal limits. The cervical range of motion was within normal limits, muscle strength was 5 out of 5 in all major muscle groups, and special tests for nerve root disease were negative. The inspection and palpation of the digits was unremarkable. There were 2 out of 4 deep tendon reflexes of the upper extremities and sensory testing was intact. On July 31, 2015, x-rays of the cervical spine revealed no significant change. There was stability maintained in flexion and extension. There was good alignment post C4-7 (cervical 4-7) anterior cervical discectomy and fusion. Treatment has included: at least 20 sessions of physical therapy, and medications including pain (Norco), steroid, non-steroidal anti-inflammatory. The requested treatments included Hydrocodone-Acetaminophen 10-325mg. On

August 11, 2015, the original utilization review non-certified a request for 120 tablets of Hydrocodone-Acetaminophen 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Hydrocodone/Acetaminophen 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for 120 tablets of Hydrocodone/Acetaminophen 10/325mg, California Pain Medical Treatment Guidelines state that Hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested 120 tablets of Hydrocodone/Acetaminophen 10/325mg is not medically necessary.