

Case Number:	CM15-0182154		
Date Assigned:	09/23/2015	Date of Injury:	01/09/1991
Decision Date:	10/27/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female, who sustained an industrial injury on 1-9-91. The injured worker has complaints of neck pain. There is tender bilateral paraspinal muscles, upper trapezius and ROM is limited. Magnetic resonance imaging (MRI) of the cervical spine on 6-17-11 showed multi-level mid cervical degenerative disc disease; the disc disease appears most prominent at C4-5 where uncovertebral joint disease is seen with a superimposed broad based protrusion that causes moderate degree of central canal spinal stenosis with only a small amount of cerebral spinal fluid surrounding the cord at this level and the bilateral neural foraminal stenosis is seen. magnetic resonance imaging (MRI) of the cervical spine on 1-9-14 showed multilevel degenerative disc disease which is mostly stable; posterior disc protrusion at C3-4 level appears slightly larger with more mass effect upon the anterior aspect of the cord than noted on the previous examination; right greater than left foraminal encroachment at C4-5 and bilateral foraminal narrowing is demonstrated at multiple other levels. Magnetic resonance imaging (MRI) of the cervical spine on 8-4-15 showed there is congenital spinal canal narrowing, disc osteophyte bulging, multilevel extrusion; it results in severe spinal canal stenosis between C3-C4 and C6-C7 and there is mild to moderate compression of the spinal cord with spinal cord signal alteration between C3-C4 and C5-C6. The diagnoses have included cervicgia. Treatment to date has included hydrocodone-acetaminophen. The original utilization review (8-29-15) modified the request for hydrocodone-acetaminophen 10-325mg #60 to hydrocodone-acetaminophen 10-325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #60: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1991 and continues to be treated for neck pain. Cervical spine surgery had been recommended. A recent MRI of the cervical spine in August 2015 included findings of severe multilevel spinal stenosis with spinal cord compression and cord signal changes. When seen, he was having progressive symptoms and his pain had increased from 6/10 to 9/10. Physical examination findings included a body mass index of over 30. There was decreased cervical spine range of motion and bilateral arm numbness and pain with cervical extension. There was decreased upper extremity strength and decreased coordination. There was cervical paraspinal, upper trapezius, and cervical facet tenderness. Medications were refilled. Hydrocodone/acetaminophen was pain prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. The claimant has cervical spinal stenosis with cord compression and overmedication should be avoided. Continued prescribing is not medically necessary.