

Case Number:	CM15-0183903		
Date Assigned:	09/24/2015	Date of Injury:	04/21/2014
Decision Date:	10/30/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old male with a date of injury of April 21, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical sprain and strain, lumbar radiculopathy, lumbar sprain and strain, and loss of sleep. Medical records dated July 13, 2015 indicate that the injured worker complains of headaches rated at a level of 8 out of 10 without medications with pain radiating to the left, neck pain radiating to the left ear, and lower back pain rated at a level of 9 out of 10 and 6 out of 10 with medications, with radiating pain, numbness and tingling to the bilateral lower extremities right greater than left. A progress note dated August 11, 2015 notes subjective complaints of neck pain with associated headaches rated at a level of 9 out of 10 and 6 out of 10 with medications with radiation of pain, numbness and tingling to the bilateral upper extremities right greater than left, and lower back pain rated at a level of 8 out of 10 and 6 out of 10 with medications, with radiating pain, numbness and tingling to the bilateral lower extremities right greater than left. Per the treating physician (July 13, 2015), the employee has not returned to work. The physical exam dated July 13, 2015 reveals a guarded gait, nuchal tenderness to palpation bilaterally, tenderness and myospasm over the bilateral paracervical muscles and bilateral trapezius muscles, trigger points with taut bands, twitched response, positive jump sign with pressure over the bilateral paracervical muscles, normal range of motion of the cervical spine, tenderness and myospasm palpable over the bilateral paralumbar muscles, tenderness of the sciatic notches, trigger points with taut bands, twitched response, positive jump sign with pressure over the bilateral paralumbar muscles, positive straight leg raise test bilaterally, positive Braggard's test

bilaterally, and decreased range of motion of the lumbar spine. The progress note dated August 11, 2015 documented a physical examination that showed tenderness to palpation of the cervical paravertebral muscles. Treatment has included six months of therapy, and medications (Tramadol 37.5-325mg, Naproxen 550mg, Cyclobenzaprine 7.5mg and Omeprazole 20mg since at least July of 2015). The original utilization review (August 27, 2015) non-certified a request for Hydrocodone 5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Hydrocodone; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol, NSAIDs and topical analgesics. No one opioid is superior to another. There was no mention of Tylenol, or weaning failure. Length of prior Hydrocodone use is unknown. The continued use of Hydrocodone is not medically necessary.