

Case Number:	CM15-0185637		
Date Assigned:	09/25/2015	Date of Injury:	02/19/2008
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 62 year old male, who sustained an industrial injury on 2-19-2008. The injured worker is undergoing treatment for: cervical herniated nucleus pulposus with central and moderate to marked bilateral foraminal narrowing with associated bilateral upper extremity radicular symptoms right greater than left, right shoulder internal derangement, medication induced gastritis, reactionary depression-anxiety, left shoulder internal derangement, bilateral carpal tunnel. On 5-18-15, he reported neck pain with radiation to the upper extremities. He rated his pain 8 out of 10. On 7-23-15, he reported neck pain with radiation into bilateral upper extremities, numbness and weakness in both hands. He rated his pain 8 out of 10. He indicated that Percocet gives him 30-40 percent pain relief for 3-4 hours at two tablets three times a day; however over the past week he had to take up to 6 tablets per day. He indicated he works at least 40 hours per week and returned to work in February 2014. Physical findings revealed decreased cervical spine range of motion and multiple trigger points. The records indicate the provider reported having routine discussions with the injured worker regarding activities of daily living, adverse effects of medications, and aberrant behaviors; however the details of these discussions are not documented. The treatment and diagnostic testing to date has included: x-ray of the cervical spine (3-9-15), unclear amount of completed physical therapy, right shoulder surgery times two (dates unclear), left shoulder surgery (8-13-14), left carpal tunnel release and trigger finger release (8-13-14), right carpal tunnel release (6-24-15), magnetic resonance imaging of the cervical spine (10-31-2008 and 1-14-15), electrodiagnostic studies (1-26-2015), urine drug testing (7-23-15) which was consistent. Medications have included: Percocet (since at least March 2015, possibly longer), Prozac, Anaprox, Xanax, and medicinal marijuana. Current work status: temporary totally disabled. The request for authorization is for: Hydrocodone 10-325mg

quantity 180. The UR dated 9-14-2015: non-certified hydrocodone 10-325mg quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side-effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as hydrocodone.