

Case Number:	CM15-0186880		
Date Assigned:	09/28/2015	Date of Injury:	09/18/2008
Decision Date:	11/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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 66 year old male, who sustained an industrial injury on September 18, 2008. The injured worker was diagnosed as having cervical stenosis and myelopathy, status post anterior decompression and fusion from cervical (C)3-C6, residual postoperative cervical radiculopathy and palsy and possible cervical pseudarthrosis with migration of anterior hardware. Treatment to date has included diagnostic studies, surgical intervention of the cervical spine, therapy (unspecified), medications and work restrictions. Evaluation on March 18, 2015, revealed continued, persistent neck pain rated at 5-7 on a 1-10 scale with 10 being the worst. It was noted he continued to work with therapy. Evaluation on May 20, 2015, revealed slow and steady improvement. No pain scale was provided. It was noted Norco was continued. Evaluation on July 1, 2015, revealed he is status 2 years post cervical fusion complicated with left C5 palsy and residual weakness around the shoulder girdle. He reported although he had made some improvements he still has neck pain that requires pain medications. Evaluation on August 26, 2015, revealed neck pain, left sided shoulder girdle weakness and left hand swelling and pain with associated tingling and numbness of the shoulder and left hand. It was noted he continued to require Norco for pain. No pain assessment was included in the note. He noted he was unable to be as active as he wished to be. The RFA included requests for Hydrocodone-Acetaminophen 10mg #240 and was non-certified on the utilization review (UR) on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10mg #240: 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, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2008 and continues to be treated for neck pain. The claimant had a multilevel anterior decompression and fusion and has a possible pseudoarthrosis with migration of hardware by imaging. When seen, he was continuing to require Norco for pain relief. Physical examination findings included decreased cervical spine and left shoulder range of motion. Imaging results were reviewed. Additional testing was requested. Norco was being prescribed and was continued. Norco (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. Continued prescribing is not medically necessary.