

Case Number:	CM15-0192969		
Date Assigned:	10/07/2015	Date of Injury:	08/16/2001
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on August 16, 2001. She reported a popping sensation in her right shoulder. The injured worker was currently diagnosed as having bilateral cervical facet joint pain, cervical post laminectomy syndrome, status post C6-C7 anterior cervical discectomy fusion, cervical disc protrusion, cervical stenosis, cervical sprain and strain and right shoulder pain. Treatment to date has included diagnostic studies, surgery, medication and chiropractic treatment with temporary relief. On August 18, 2015, the injured worker complained of bilateral lower neck pain radiating into the right shoulder and right upper extremity. Physical examination revealed cervical muscle spasms. Cervical and lumbar ranges of motion were restricted by pain in all directions. Cervical discogenic and lumbar provocative maneuvers were positive. Hydrocodone medication was noted to bring her pain down from a 9 to a 3 on a 1-10 pain scale. Her Oswestry Disability Index score was a 31 (62% disability) with the use of hydrocodone and her score was 41 (82% disability) without the use of hydrocodone. The treatment plan included hydrocodone, Ambien, Senokot-S and a follow-up visit. On September 4, 2015, utilization review modified a request for Hydrocodone 10-325mg #180 with three refills to Hydrocodone 10-325mg #58.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg Qty 180 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: Hydrocodone is a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the medical records indicate that the injured worker has used hydrocodone on a long-term basis since 2012. The records do document functional improvement with improved ability to perform ADLs. Pain is significantly reduced from 9/10 to 3/10 with use of the current regimen. Furthermore, there is documentation of a pain contract and no aberrant behaviors or evidence of misuse. Drug testing is consistent with current prescriptions. It does appear that ongoing use of hydrocodone is consistent with the MTUS guidelines. Attempts to wean off the hydrocodone remain a decision between the treating physician and the injured worker. The request for Hydrocodone 10/325mg #180 is medically necessary.