

Case Number:	CM15-0033227		
Date Assigned:	02/26/2015	Date of Injury:	09/18/2001
Decision Date:	04/14/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/23/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male, with a reported date of injury of 09/18/2001. The diagnoses include cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, cervical post-laminectomy syndrome, neck sprain, and headache. Treatments have included oral medications, topical pain medication, cervical fusion, cervical facet radiofrequency neurotomy, an MRI of the cervical spine, and facet injections. The medical report dated 12/16/2014 indicates that the injured worker had chronic severe bi-frontal headaches and pain in the upper neck and back of the head, with tingling and numbness. The objective findings include tenderness of the paracervical, the scalene muscle, and the trapezius; tenderness of the occipital protuberance, the transverse process on the left at C2 and the C2 spinous process, normal cervical motor strength, and normal cervical neurological examination. The treating physician requested Hydrocodone 10/325mg #90, one by mouth three times a day. The rationale for the request was not indicated. On 02/07/2015, Utilization Review (UR) modified the request for Hydrocodone 10/325mg #90, one by mouth three times a day. The UR physician noted that there was no documentation of clinical effectiveness with prior use of the medication; there was no detected alprazolam in the urine drug screen report; and no documentation of any further attempts to reduce hydrocodone dosing. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic severe bi-frontal headaches and pain in the upper neck and back of the head, with tingling and numbness. The current request is for Hydrocodone 10/325 mg #30. Hydrocodone is an opioid pain medication. The UR dated 2/9/15 (5A) modified the requested treatment from a requested count of #90 to an approved count of #30 for weaning purposes. The existing IMR is for a pill count of #30. Therefore this review is for an approved treatment. With that said, the treating physician on 12/16/14 (51B) states, "hydrocodone 10 mg-acetaminophen 325mg tablet, Take 1 tab po three times a day pm Qty: 90 tablet(s), Refills: 0." For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Guidelines additionally require documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the clinical history provided does address pain reduction, ADLs, side effects and aberrant behaviors. Medical necessity was established and recommendation is for authorization.