

Case Number:	CM15-0048891		
Date Assigned:	03/20/2015	Date of Injury:	08/16/2001
Decision Date:	05/01/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/16/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 08/16/2001. She has reported subsequent neck and shoulder pain and was diagnosed with cervical post-laminectomy syndrome, cervical disc protrusion, stenosis and sprain/strain. Treatment to date has included oral pain medication and chiropractic therapy. In a progress note dated 11/04/2014, the injured worker complained of bilateral lower neck pain radiating to the right shoulder. Objective findings were notable for restricted range of motion of the cervical and lumbar spine with cervical spasms. The physician noted that Hydrocodone/Acetaminophen refill would be requested and was significantly reducing the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 prescriptions of Hydrocodone 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 82-92.

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 Hydrocodone for over 5 years without consistent documentation of pain scores or functional response. There was no recent documentation of Tylenol failure or weaning. Based on the guidelines and clinical information above, continued use of Hydrocodone is not medically necessary.