

<b>Case Number:</b>	CM15-0083299		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old female, who sustained an industrial injury on 2/29/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical radiculopathy, cervical disc herniation, cervical spondylosis and cervical root lesions. There is no record of a recent diagnostic study. Treatment to date has included medication management. There is no record of functional improvement with the use of opioids or a recent urine drug screen. In a progress note dated 4/1/2015, the injured worker complains of neck pain. Physical exam showed decreased range of motion in the cervical spine and tenderness in the cervical paravertebral regions bilaterally and a positive Spurling test in the right for neck pain. The treating physician is requesting Hydrocodone 10 mg/Acetaminophen 325 mg #28.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyrdocodone 10mg, Acetaminophen 325mg quantity 28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioid Page(s): 51, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for neck pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. As such, the request for Hyrdcodone 10mg, Acetaminophen 325mg quantity 28 is not medically necessary.