

Case Number:	CM15-0084231		
Date Assigned:	05/06/2015	Date of Injury:	01/28/1999
Decision Date:	06/10/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 39 year old male, who sustained an industrial injury on January 28, 1999. The mechanism of injury was not provided. The injured worker has been treated for neck and headache complaints. The diagnoses have included cervical post-laminectomy syndrome, chronic pain self-management syndrome and migraines with prolonged aura. Treatment to date has included medications, radiological studies, blocks, physical therapy, injections and a cervical laminectomy. Current documentation dated March 27, 2015 notes that the injured worker reported neck pain which radiated to the right shoulder and right upper extremity. The injured worker also noted headaches with associated nausea, vomiting and photophobia. The pain was characterized as throbbing, burning, sharp and tingling. The pain was rated a five out of ten on the visual analogue scale with medications. Examination of the cervical spine revealed tenderness of the neck and trapezius muscles bilaterally. The injured workers activities of daily living were noted to be improved with medication. The treating physician's plan of care included a request for the medication Hydrocodone 10 mg/Acetaminophen 325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51, 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, 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, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid since 2003, 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 question for Hydroxycodone/Acetaminophen 10/325mg #120 is not medically necessary.