

Case Number:	CM14-0123019		
Date Assigned:	08/06/2014	Date of Injury:	12/08/2005
Decision Date:	10/30/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 year old female with an injury date of 12/08/05. Based on the 07/02/14 progress report provided by [REDACTED], the patient complains of right sided neck pain that radiates to her right shoulder rated 8/10 and low back pain rated 6/10. Physical examination to the cervical spine revealed limited range of motion. Cervical compression test caused right sided neck pain that radiates to the right shoulder blade. Physical examination to the lumbar spine reveals limited range of motion, especially on extension 10 degrees. Per the provider reports dated 02/05/14, 04/30/14 and 07/02/14, patient medications include Norco for severe flare ups, Naprosyn and Zanaflex. She reports 50% functional improvement with medications, and is under narcotic contract. Urine drug screens have been appropriate. Diagnosis on 07/02/14 were neck pain; history of cervical sprain/strain with underlying severe spondylosis; lumbar sprain/strain with lumbar degenerative joint disease, stable; and history of cervicogenic headaches related to neck injury. [REDACTED] is requesting Hydrocodone/ APAP 10-325mg day supply 20 QTY: 120. The utilization review determination being challenged is dated 07/21/14. The rationale is: "no current documentation that attests patient's current functional status..." [REDACTED] is the requesting provider, and he provided treatment reports from 02/05/14 - 07/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg, Day Supply: 20 QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with right sided neck pain that radiates to her right shoulder rated 8/10 and low back pain rated 6/10. The request is for Hydrocodone/ APAP 10-325mg day supply 20 QTY: 120. Her diagnosis dated 07/02/14 includes history of cervical sprain/strain with underlying severe spondylosis and lumbar sprain/strain with lumbar degenerative joint disease, stable. Per provider reports dated 02/05/14, 04/30/14 and 07/02/14, patient medications include Norco for severe flare ups, Naprosyn and Zanaflex. She reports 50% functional improvement with medications, and is under narcotic contract. Urine drug screens have been appropriate. MTUS Guidelines, page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires 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. Based on provider reports dated 02/05/14, 04/30/14 and 07/02/14, in addressing the 4As, analgesia and aberrant behavior have been documented, as well a numerical scales for function been provided. However, there is no mention of adverse side effects; and no specific ADL improvements are documented to determine significant improvement. Given the lack of documentation as required by MTUS, this request is not medically necessary.