

Case Number:	CM14-0139972		
Date Assigned:	09/08/2014	Date of Injury:	10/21/2007
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 51 year old male who sustained an industrial injury on 10/21/2007. The mechanism of injury was that while driving in his car he was rear-ended by another vehicle. His diagnosis is chronic neck pain s/p cervical discectomy and fusion on 10/02/2009. He continues to complain of 10/10 neck pain without medication, 8/10 neck pain with medication. On physical exam there is decreased cervical range of motion with increased pain. Per the documentation there has been difficulty weaning opiate therapy. Treatment in addition to surgery has consisted of medical therapy including narcotic analgesics and a tricyclic antidepressant, physical therapy, and acupuncture. The treating provider has requested Hydrocodone/ Acetaminophen 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 81, 92.

Decision rationale: There is no documentation provided necessitating the ongoing use of Hydrocodone/APAP 10/325 for the claimant's chronic pain condition. The literature indicates that in chronic pain analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Opioid therapy for pain control should not exceed a period of 2 weeks and should be reserved for moderate to severe pain. The failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The guidelines recommend short term opiate use for acute pain, longer term use contingent upon ongoing functional improvement. The documentation provided indicates that there is no increased function noted with this extended opiate use therefore, continuation is not medically appropriate. Attempts should be made to wean the patient from opiate therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.