

<b>Case Number:</b>	CM14-0142057		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 46 year old female with a work injury dated 4/15/09. The diagnoses include cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and brachial neuritis or radiculitis not otherwise specified. Under consideration is a request for Hydrocodone APAP 7.5/325mg #120. There is a primary treating physician report dated 7/9/14 that states that the patient presents today in regards to ongoing neck pain. Per the patient, her overall condition has become worse since her last visit. She states she suffers from a loss of balance. The patient continues to await authorization for a MRI of the cervical spine. In addition, she awaits authorization for a cervical artificial disk replacement. She last worked on July of 2013. With regards to medications, she is taking Norco 7.5/325mg 3-4 times a day, Norflex ER 100mg bid. She states her medications help to reduce her pain and improve her daily function. The patient also reports the use of Cymbalta 60mg qd and Abilify 2mg qd, which are prescribed by her psychiatrist. The patient reports no side effects to her medications. The patient describes an aching, cramping and stabbing neck pain with radiation of numbness and tingling to the bilateral upper extremities extending down to the fingertips; 4th and 5th digits. The patient states her current neck pain is at a 7-8/10 on the pain scale. She states her pain is exacerbated with any type of movement. She describes difficulty with daily activities, such as completing her home chores; washing, laundry. In addition, she reports difficulty with getting up in the mornings due to an increase of pain. Sensation is diminished to light touch and pinprick in the right C8 dermatome. She has 4+/5 left deltoid, biceps, internal rotation, external rotation. 5-/5 right deltoid, biceps, internal rotation, external rotation, 5-/5 bilateral wrist extension, wrist flexion, triceps, interossei, finger flexion, finger extension. The reflexes are hyporeflexic and equal

bilateral biceps, brachioradialis, triceps, patella, and Achilles. Spurling's test is negative bilaterally. No Hoffman's or clonus bilaterally.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone APAP 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78-80, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Hydrocodone APAP 7.5/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has been on opioids long term without any significant evidence of functional improvement or improvement in pain. The MTUS guidelines do not recommend continuing opioids without improvement in function. For these reasons the request for Hydrocodone APAP 7.5/325mg #120 is not medically necessary.