

Case Number:	CM14-0181891		
Date Assigned:	11/06/2014	Date of Injury:	01/28/2010
Decision Date:	12/09/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 52 year old male with a date of injury of 1-28-2010. He slipped off a tank striking his buttock on a door frame. He has since developed chronic neck pain radiating to the left upper extremity associated with numbness and tingling of the left hand and pain of the mid and low back pain. He had a lumbar MRI scan which was essentially normal. An MRI scan of the cervical spine revealed herniated discs C4-C5 and C6-C7 with neural foraminal stenosis. Electrodiagnostic studies revealed evidence of a C6 and C7 radiculopathy. The injured worker has had massage, chiropractic, and acupuncture therapies. He had a cervical epidural injection which provided moderate relief for a couple of months. Lumbar facet injections were not helpful for his back pain. He has been taking anti-inflammatories most days of the week but has flares of his pain periodically for which he is given hydrocodone 5/325 #30 at a time. A CURES report from 8-29-2014 revealed no opioid prescriptions over the preceding 6 months. He notes the pain medication helps his pain and functionality, but his pain levels never really get below 4/10. He is being considered for more definitive neck surgery. The physical exam reveals diminished cervical range of motion, tenderness to palpation of the cervical paraspinal musculature, a positive Spurling's test on the left, and diminished sensation of the left 4th and 5th fingers. The lumbar spine reveals fairly normal range of motion, spasm and guarding of the lumbar musculature, and tenderness to palpation of the right iliac crest.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone/APAP 5/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Shortacting opioids include Morphine ((Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). In this instance, it appears the intent for the use of the Hydrocodone/APAP 5/325mg is for break through pain and not as a precursor or as a trial for escalating doses of opioids. The use of opioids such as hydrocodone for intermittent or break through pain is supported by the guidelines, especially when other methodologies have been tried first. This injured worker has been using primarily anti-inflammatories and has had physical therapy, chiropractic, massage, epidural and facet steroid injections. The use of Norco has been intermittent and low dose and clearly has not been intended as a trial for greater amounts of opioid medication in the future. Therefore, 1 prescription of Hydrocodone/APAP 5/325mg #30 is medically necessary.