

Case Number:	CM14-0140278		
Date Assigned:	09/10/2014	Date of Injury:	01/22/2004
Decision Date:	06/29/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 56 year old female, who sustained an industrial injury on January 22, 2004. The mechanism of injury was not provided. The injured worker has been treated for neck and upper and lower back complaints. The diagnoses have included cervical disc herniation with myelopathy, cervical disc disease, cervical radiculopathy, lumbar radiculopathy, chronic pain, cervical pain and post cervical laminectomy syndrome. Treatment to date has included medications, radiological studies, MRI, epidural steroid injections, physical therapy and a cervical fusion. Current documentation dated July 11, 2014 notes that the injured worker reported ongoing neck and back pain. The pain level was noted to be unchanged from the prior visit and the injured workers activity level had increased. Examination of the cervical spine revealed loss of lordosis and a painful and restricted range of motion. Tenderness to palpation and spasms were noted over the paravertebral muscles bilaterally. Thoracic spine examination revealed tenderness to palpation with spasms over the paravertebral muscles on both sides. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles and a limited and painful range of motion on both sides. A Faber test was negative. The treating physician's plan of care included a request for the medication Hydrocodone-APAP 10/325 mg # 120 to wean off over the next three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-APAP 10-325MG 1 PO Q4-6 HRS PRN PALM (MAX 6/DAY) COUNT #120 TO WEAN OFF OVER THE NEXT 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck and low back 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, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid since at least 2013, in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. Prior utilization reviews have noted the need for tapering and weaning. As such, the question for HYDROCODONE-APAP 10-325MG 1 PO Q4-6 HRS PRN PALM (MAX 6/DAY) COUNT #120 TO WEAN OFF OVER THE NEXT 3 MONTHS is not medically necessary.