

Case Number:	CM14-0214917		
Date Assigned:	01/07/2015	Date of Injury:	10/27/2010
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 44-year-old man who sustained a work-related injury on October 27, 2010. Subsequently, the patient developed chronic neck pain. MRI of the cervical spine performed on January 11, 2013 showed a C5-6 broad-based disc bulge with minimal ill-defined high signal in the cord. At C3-4 there was minimal spinal canal narrowing. At C4-5 there was minimal spinal canal narrowing. An EMG/NCS done on January 15, 2013 was normal. A CT revealed chronic degenerative changes. The patient was treated conservatively, but failed to respond. The patient had not worked since the day of the injury. According to a progress report dated November 7, 2014, the patient complained of severe neck pain and had taken Norco since the injury. The examination revealed positive Lhermitte's phenomenon. The patient had hyperreflexia in the biceps, triceps, and brachioradialis. The patient had normal tone in the legs. Hoffman signs were positive in the upper extremities. The patient was diagnosed with cervical disc disorder with myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Vicodin is a short acting opioid recommended for a short period of time in case of a breakthrough pain or in combination with long acting medications in case of chronic pain. There is no clear evidence of a break though of back pain or acute lumbar root compression. The patient was started on Vicodin for longtime and there is no clear documentation of pain and functional improvement with the use of opioids.

Cervical spine surgery C5-6 ACDF: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: According to MTUS guidelines, Referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms activity limitation for more than one month or with extreme progression of symptoms. Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short - and long-term, unresolved radicular symptoms after receiving conservative treatment. There are no recent MRI or EMG findings supporting the diagnosis of cervical spine damage. The last MRI was done on January 2013. The patient developed signs of myelopathy and his condition requires a new MRI and EMG studies.

