

Case Number:	CM15-0107670		
Date Assigned:	06/12/2015	Date of Injury:	10/22/2007
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 55 year old female, who sustained an industrial/work injury on 10/22/07. She reported initial complaints of neck, back, and shoulder pain. The injured worker was diagnosed as having cervical spondylosis, post laminectomy syndrome, enthesopathy of hip region, arthropathy of shoulder region, and chronic pain disorder. Treatment to date has included medication, cervical fusion, bone growth stimulator post-op, physical therapy, diagnostics, psychiatry/psychology consultation, and cervical epidural steroid injections. Currently, the injured worker complains of neck pain with recent fall and experienced contusion of the left upper trapezius. There was also had complaints of insomnia and depression. Per the primary physician's progress report (PR-2) on 5/18/15, exam notes limited range of motion in all planes, tenderness with palpation to bilateral mid cervical spine to the bilateral upper back, multiple tender spots but no particular trigger points. Pain was 10/10 without medication and 5-7/10 with medication. Current plan of care included pain management. The requested treatments include Hydrocodone with Acetaminophen 325mg-5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone with Acetaminophen 325mg-5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Hydrocodone with Acetaminophen for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request is not for a weaning treatment, but to continue treatment. The request for Hydrocodone with Acetaminophen 325mg-5mg #120 is determined to not be medically necessary.