

Case Number:	CM15-0013415		
Date Assigned:	02/02/2015	Date of Injury:	06/06/2002
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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: Physical Medicine & Rehabilitation

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 57 year old female with an industrial injury dated 06/06/2002. Her diagnoses include cervical radiculopathy and neck pain. Recent diagnostic testing has included x-rays of the cervical spine (05/06/2014) showing post-operative changes with previous discectomy and fusion and degenerative changes. She has been treated with previous discectomy and anterior fusion at C3-C7, physical therapy, and medications. In a progress note dated 12/15/2014, the treating physician reports neck pain and status post previous discectomy with fusion. The objective examination revealed degenerative changes at C1-2 and C2-3. A more detailed exam (dated 11/21/2014) stated subjective complaints of neck pain with radiation into the left upper extremity, with objective findings of pain and crepitus with range of motion of the cervical spine, and slight weakness in the left upper extremity. The treating physician is requesting hydrocodone/acetaminophen which was modified by the utilization review. On 12/22/2014, Utilization Review modified a prescription for hydrocodone/acetaminophen 10/325mg #140 to the approval of hydrocodone/acetaminophen 10/325mg #42, noting the failure to provide evidence of significant and quantifiable subjective and functional improvement with the long term use of this medication. The MTUS Guidelines were cited. On 01/23/2015, the injured worker submitted an application for IMR for review of hydrocodone/acetaminophen 10/325mg #140.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Hydrocodone-Acetaminophen 10/325mg, #140:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids, Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient presents with neck pain radiating to shoulders and back. The request is for PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF HYDROCODONE - ACETAMINOPHEN 10/325 MG, # 140. Physical examination to the cervical spine on 11/21/14 revealed neck pain and cervical radiculopathy into her left upper extremity and to a certain degree on the right side as well. Per 07/24/14 progress report, patient's diagnosis includes cervical radiculopathy and neck pain. Per 11/21/14 progress report, patient's medications include Biofreeze 4% Gel, Cyclobenzaprine, Diltiazem, Elastic Bandage & Supports for the knee, Escitalopram, Heat Wraps, Hydrocodone-acetaminophen - 84 tablets, Hydrocodone-acetaminophen - 56 tablets, Levothyroxine, Lidoderm 5%, Lisinopril-hydrochlorothiazide, Loratadine, Ondansetron, Oxycodone, and Glycolax. Patient has been prescribed Hydrocodone-acetaminophen from 09/12/13 and 01/20/15. Patient is to remain off-work indefinitely. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS pages 60 and 61 state the following: Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. The request is for one prescription of Hydrocodone-acetaminophen 10/325 mg #140. The UR letter dated 12/23/14 has modified the request to #42. Hydrocodone has been prescribed in progress reports from 09/12/13 and 01/20/15. Based on progress report dated 01/20/15, "... refilled her pain medications and will maintain the same coverage with hydrocodone and extended release oxycodone..." However, treater has not addressed the four A's including analgesia, discussions regarding aberrant drug behavior and specific ADL's showing significant functional improvement. No opioid pain contract, or CURES report is provided either. The request for Hydrocodone #140 does not meet the guideline requirements and therefore, it IS NOT medically necessary.