

Case Number:	CM15-0063700		
Date Assigned:	04/09/2015	Date of Injury:	11/21/2012
Decision Date:	05/08/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: Connecticut, California, Virginia
 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 52 year old male, who sustained an industrial injury on August 6, 2010. He has reported headaches, neck pain, and arm pain. Diagnoses have included cervical spine degenerative disc disease and bilateral cervical radiculopathy. Treatment to date has included medications and cervical spine fusion. A progress note dated March 17, 2015 indicates a chief complaint of headaches, and neck pain radiating to the bilateral arms. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91.

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial

date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of medical issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. The recent documents requesting further opioid therapy do not detail the time expected before weaning would occur, indicating that more detailed expectations should be outlined with the patient regarding the treatment plan. Consideration of other pain treatment modalities and adjuvant is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, the request was modified by utilization review to encourage weaning after acute treatment and to avoid chronicity, which seems reasonable. If further evidence of functional improvement on the medication develops, consideration of longer term treatment may be considered. At this time, the request for 60 tablets of hydrocodone/APAP 10/325 is not considered medically necessary.