

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0018449 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 09/05/1995 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 08/20/2013 |
| Priority: | Standard | Application Received: | 08/29/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male who reported an injury on 09/05/2013 caused by an unknown mechanism. On 07/29/2013 the injured worker complained of neck and back pain rated at a 7/10 on the pain scale. It was noted that the injured worker had increased pain on the left side of his low back and pain down his left anterior thigh. It was reported that the injured worker had radiating pain and numbness down both legs to his feet. It was reported that the injured worker's right leg had gotten weaker and he fell and broke his tooth when his legs gave away. It was noted that the injured worker had glued his tooth back in himself. The injured worker had ongoing chiropractic treatment and it was noted the injured worker stated that this increased his sleep to about 8 hours the day that he receives chiropractic treatment. He states after that his sleep was interrupted at night due to pain. It was reported that the injured worker had persistent muscle spasms in his low back and was awaiting for authorization for an epidural injection of the cervical spine and of the lumbar spine. On the physical examination it was revealed range of motion of the cervical and lumbar spine was decreased in all planes limited by pain. Decreased sensation at C-8 dermatome on the right, L4-5 and S1 dermatomes bilaterally. The deltoid, biceps, right wrist flexors and triceps were a 5/5 bilaterally. The tibialis anterior, EHL, and inversion/eversion was a 4/5 on the right and on the left it was a 5/5. The quadriceps and hamstrings were a 4+/5 on the right and on the left a 5-/5 on the left. The injured worker's diagnoses included status post shoulder surgery, status post lumbar fusion, DDD of the lumbar spine with facet arthropathy and retrolisthesis at L1-3 and L3-4, lumbar radiculopathy, canal stenosis, DDD of the cervical spine with facet arthropathy, and L1 compression fracture. The medications included Norco 10/325 mg, Elavil 10 mg, Baclofen 20 mg, Temazepam 15 mg, and Medrox Patches. It was noted that the injured worker stated while on medications it decreased his pain by 50% temporarily and allowed him to increase his walking distance and increase his

sleep for 2 hours at night with decrease muscle spasms. The plan included for decision for prescription of Hydrocodone/APAP 10/325 mg #180. The authorization request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF HYDROCODONE/APAP 10/325MG, #180 (BNDC: 53746011005):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen), When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state that the criteria for use of ongoing management of opioids include ongoing view and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker complained of neck and back pain which he rates on the pain scale a 7/10. It was noted that the injured worker stated that the chiropractic treatment allows him to increase his sleep to about 8 hours the day of the treatment but states that after that his sleep was interrupted at night because of the pain. It was noted that the injured worker stated that taking the pain medications helped decreased his pain by 50% temporarily and increased his sleep by 2 to 4 hours a night and decreased his muscle spasms. There was a lack of documentation stating the injured worker's functional improvement while attending chiropractic treatment therapy. In addition, there was no urine drug screen submitted for the injured worker to indicate opioids compliance while being on the opiate and the request does not include frequency. Given the above, the request of Hydrocodone/APAP 10/325 mg #180 is not medically necessary.