MAXIMUS Federal Services

Case Number:	CM13-0024327		
Date Assigned:	01/22/2014	Date of Injury:	02/23/1999
Decision Date:	04/22/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	09/13/2013

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 Occupational Medicine, and is licensed to practice in California. 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 patient is an employee of the [redacted] and has submitted a claim for significant increase in low back pain, neck pain, numbness over the mid back and both ring fingers and both little fingers, and tingling and stiffness of the mid back, with an industrial injury date of February 23,1999. Treatment to date has included multiple therapeutics which included physical therapy, acupuncture, chiropractic care, massage therapy, and chronic analgesic medications which included high dose of oral analgesics in conjunction with topical analgesics. Utilization review from January 8, 2014 denied the request for pharmacy purchase of Hydroco/Apap 10-325 #180 no refills. Medication records from 2012 to 2014 were reviewed, which showed that the patient complained of significant increase in low back pain, which he describes as a constant 5/10 VAS achy, dull, sharp, burning, tearing pain that can be exacerbated to an 8 or 9/10 VAS by prolonged standing, prolonged sitting, bending, lifting. The pain is relieved by resting, physical massage or analgesic medications. He is capable of performing all of his basic ADLs of hygiene and his duties required of him at work; however it will cause significant pain that requires ongoing daily analgesics. On physical examination, inspection of the cervical spine reveals straightening of the spine with loss of normal cervical lordosis. Range of motion is restricted with flexion to 30 degrees (normal 45 degrees), extension to 30 degrees (normal 75 degrees), right lateral bending to 30 degrees (normal 45 degrees) and left lateral bending to 20 degrees (normal 45 degrees) but with normal lateral rotation to the right and with lateral rotation to the left. There were tenderness, tight muscle band and trigger points (a twitch response along with radiating pain on palpation) noted on the paravertebral muscles on both sides. Tenderness was noted at the paracervical muscles. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. All upper limb reflexes are equal and symmetric. Adson's test is negative. No signs of meningism. Cervical facet loading is positive on both sides. Tenderness and trigger

point (a twitch response was obtained along with radiating pain on palpation) were noted on the paravertebral muscles on the right side. Spinous process tenderness is noted on T4. Thoracic facet loading is positive on both sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDRO/APAP 10/325MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: According to page 80 of the Chronic Pain Medical Treatment Guidelines, chapter on opioids for chronic pain, opioids appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. In this case, the patient has been taking opioids since September 2012 with no functional improvement such as increased ability to perform activities of daily living and with significant increase in pain. Therefore, the request for pharmacy purchase of Hydroco/Apap 10-325 #180 is not medically necessary.