

Case Number:	CM13-0029077		
Date Assigned:	03/17/2014	Date of Injury:	05/09/1997
Decision Date:	04/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 63 year old male who had a work injury dated 5/9/97. The injury occurred after the patient developed low back pain after lifting a heavy bucket. His diagnoses include chronic pain syndrome, chronic low back pain, bilateral lumbar radiculopathy. There is a request for the medical necessity of Hydrocodone. The patient was treated with medications and chiropractic care. He has recommended by a spine specialist in the past to have surgery due to several discs that were "out of place." The patient did not obtain surgery and received no further treatment between 1998 and 2011. The patient last worked in September of 2012. There is documentation of an initial psychiatric evaluation 8/15/13. On this date the patient states that he has sharp shooting pain, dully achy pain and trouble sitting, standing or lying down for any length of time. The patient has been getting his medications from another physician. The patient complains of right lower extremity weakness and cramps in the bilateral calves. The physician stated that the patient was on Norco, Flexeril, and Medrox patches but it was not clear who was prescribing the medications to the patient. The physical examination documented decreased lumbar range of motion, difficulty heel and toe walking on the left. There is a 9/26/13 office note from a primary treating physician which states that there is continued pain in the right side of the back which radiates down his right leg. He states that the pain is constant and stabbing. The pain level is a 9/10. He is trying Naprosyn and "everything" can't sleep due to pain. Patient states that his orthopedic spine surgeon wrote his scripts in the past. The patient states pain radiates down legs into feet and can feel electric like. He denies any trauma. On physical exam patient is walking with no assistive device with a mildly analgic gait. There is mild tenderness to palpation along the exit of the sciatic nerve over the right over right buttock. There is 5/5 strength in upper and lower extremity. There is decreased range of motion with extension in flexion of the lumbar

spine. There is increased tone/spasticity in the lumbar paraspinal musculature. There is full sensation in the upper plus lower extremity. There is a hyperactive patellar reflex of right leg and normal reflex of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 3/325MG 1 TABLET 3 TIMES A DAY FOR 30 DAYS WITH ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm -drugs.com
*Epocrates Online, www.online.epocrates.com- Monthly Prescribing Reference, www.empr.com- Opioid Dose Calculator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO DISCONTINUE OPIOIDS; WHEN TO CONTINUE OPIOIDS; OPIOIDS, CRITERIA FOR USE Page(s): 74;76-.

Decision rationale: Hydrocodone 3/325MG 1 tablet 3 times a day for 30 days with one refill is not medically necessary per the MTUS Chronic Pain guidelines. The guidelines recommend the monitoring "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation submitted does not reveal that these issues are all being addressed. There is no evidence of a pain contract with the patient. The documentation submitted is not clear on how many physicians are prescribing medications for this patient. The documentation submitted reveals patient has been on Hydrocodone and continues not to have significant improvement in analgesia or improvement in function. The request for Hydrocodone 3/325mg 1 tablet 3 times per day for 30 days is not medically necessary.