MAXIMUS Federal Services

Case Number:	CM13-0042355		
Date Assigned:	12/27/2013	Date of Injury:	02/18/2011
Decision Date:	03/04/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, Maryland, Florida, and Washington, DC. 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 physician 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 54-year-old who was employed by the [redacted] in the capacity of a Vocational Carpentry Instructor. The physical demands of the job are defined as the ability to exert up to 50lbs of force occasionally and/or up to 20 lbs of force frequently. The patient has had multiple back injuries at work in 2009 and 2011. He has had multiple studies and was diagnosed with spinal stenosis. He has had cervical spine surgery in 7/2011. The patient reports that on 2/18/2011 he was pushing heavy equipment weighing 400 pounds and subsequently developed low back pain. He states that the pain radiates to his bilateral extremities with numbness and tingling. The patient reports taking the following medication: Hypertension medications, Hydrocodone /acetaminophen 10 mg /325mg, Naproxen 350 mg,, Diovan and Tizanidine. The patient currently complains of constant back pain with radiation to the bilateral lower extremities to the level of the foot and toes. He reports numbness and tingling in the bilateral lower extremities and motor weakness. The patient describes the pain as burning, sharp, aching, stabbing, dull and throbbing pain that is moderate to severe. The pain is aggravated by standing, walking, sitting, bending, twisting, turning and rotation. The patient has failed conservative treatment including, drug therapy, activity modifications and physical therapy. The patient received a transforamnal epidural steroid injection at bilateral L4-S1 and he reports good overall improvement post procedure. Objective: Range of motion of the lumbar spine revealed moderate reduction secondary to pain Spinal vertebral tenderness was noted in the lumbar spine at the L4-Sl level Lumbar myofascial tenderness was noted on palpation. Sensory exam showed decreased touch in the left lower extremity and right lower extremity Decreased motor strength involved the muscle within the L4-S1 dermatome. Straight leg raise with the patient in the seated position and the leg fully extended was positive on the bilateral lower extremities s for radicular

pain at 100 degrees. An MRI of the lumbar myelogram dated April 06, 2012, was reviewed and discussed with patient. Significant findings include. Lumbar myelogram was performed through an 12-13 puncture. The patent's back was cleansed using Betadine. Xylocalne with sodium bicarbonate was used for anesthesia. Under Fluoroscoplc guidance a 20-gauge spinal needle was advanced inro the subarachnoid space at the L2-13 leveL Contrast material was then placed within the subarachnoid space. The injection appears to be partially within the subarachnoid space arid partially within the extradural space. However on this study there-appears to be extrinsic compression on the subarachnoid space at the L3-L4 and L4-L5 levels, The contrast was also seen extending into the lower thoracic spine as well as region of the conus appears to be normal A EMG/NCV (electromyogram/nerve conduction velocity test) 2/15/12 significant findings: Needle EMG & NCS's of lower extremities and related paraspinal muscle revealed changes suggestive of: Bilr.aral L4 and 15 radiculopathies, ~.roderate in degree electrically on the left and mild-to-moderate on the right side, chronic and regenerative in nature. Diagnosis: Lumbar radiculopathy. Lumbar facet arthropathy. Lurrbar spinal stenosis. Chronic pain. L2 compression fracture. Plan: The patient reports a positive response to a therapeutic lumbar epidural steroid injection Given the positive response 1 additional therapeutic transforrninal epidural steroid injection using fluoroscopy at the bilateral L4-S1 levels is being requested. Medications prescribed: Ibuprofen 800 mg. take one twice a day as needed for 30 days #60 Hydrocodone-APAP 5-325 mg. take one every 12 hours as needed for 30 days #60 Vicodin 5/500 mg. in qh 12 pm #60 -10/14/13 [redacted] DWC: Diagnosis: :Lumbar radiculopathy lumbar facet arthropathy lumbar spinal stenosis 724.4 721.3 724.02 Requested: Bilateral 14-51 transforamtnal ep1dural62278-50 62278-51 76003 Ibuprofen 800 mg. BID #60, Hydrocodone-A 5-325 1 q 12 hrs. #60, Vicodin 5/500mg qh 12 pm #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 mg, 60 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Page(s): 76 to 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC-Pain (Chronic) Chapter, Opioids for Chronic Pain Section

Decision rationale: The Physician Reviewer's decision rationale: Vicodin is an opioid. The 09/30/2013 report does not document that the patient has returned to work. The 09/30/2013 report does not adequately document functional benefit from opioid therapy. The request is for opioid treatment of chronic non-malignant low back pain. There is no evidence that opioids show long-term benefit or improvement in function when used as treatment for chronic back pain. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief improved quality of life, and/or improved functional capacity. Vicodin a brand name formulation of Hydrocodone-Acetaminophen. Hydrocodone-Acetaminophen is previously certified. There is no indication in the guideline for prescribing two different opioids of the same class. Also there is a potential risk

of Acetaminophen Toxicity. The request for Vicodin 5/500 mg, 60 count, is not medically necessary or appropriate.