MAXIMUS Federal Services

Case Number:	CM13-0054246		
Date Assigned:	06/20/2014	Date of Injury:	03/26/2012
Decision Date:	08/05/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 03/26/2012 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 02/26/2014, the injured worker complained of mid and low back pain that he rated at a 7/10 to 8/10 on a pain scale. Prior treatments included a right Transforaminal Epidural Steroid Injection (TFESI) at L3-4, dated 01/28/2014; chiropractic therapy; physical therapy; and prescribed medications. The injured worker's prescribed medication regimen included Norco 10/325 mg 1 tablet 4 times a day and Flexeril 7.5 mg 1 tablet twice a day. It was noted that there were no side effects to the medication. Within the physical exam, it was noted that the gait was antalgic with the use of a single point cane. It was also annotated that the injured worker was wearing a lumbar corset. The physical examination also revealed tenderness to palpation to the diffuse cervical and lumbar paraspinals with spasms noted. The range of motion of the cervical and lumbar spine was decreased in all planes. There was also decreased sensation in the left C6 and C7 dermatomes. It was noted there was a straight leg raise on the right of 20 degrees which reproduced pain into the foot. There was a positive slump test bilaterally and a positive Lasegue test to the right. Prior diagnostic studies included an EMG/NCV (Electromyography / Nerve Conduction Velocity) of the bilateral lower extremities; and MRIs of the thoracic spine, dated 02/19/2013. The diagnoses included chronic low back pain, possible bilateral S1 radiculopathy, degenerative disc disease of the lumbar spine, chronic mild back pain, status post tracheotomy placement on 01/04/2007, multilevel thoracic degenerative disc disease with HNP (Herniated Nucleus Pulposus), chronic anterior wedging of the L4 vertebral body with T7-8 mild canal stenosis, lumbar facet arthroplasty, multilevel lumbar canal stenosis, and multilevel lumbar bilateral neural foramen narrowing. The treatment plan included a discussion of living with the pain, physical therapy, chiropractic physiotherapy, multiple pain management modalities, injections, and benefits of a

home exercise program and strengthening as tolerated for long term benefit. There was also a request for refills on Norco 10/325 mg #150 four per day, Flexeril 7.5 mg #90 twice a day, and Quazepam #31 at night.

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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management and specific drug list Page(s): 78, 80, 91.

Decision rationale: The California MTUS Guidelines state that opioids for chronic back pain appear to be efficacious but limited for short term pain relief and long term efficacy is unclear (greater than 16 weeks) but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The guidelines also recommend the monitoring of injured workers on opioids, to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or not adherent) drug related behaviors. Hydrocodone/acetaminophen is indicated for moderate to moderately severe pain. In the clinical notes provided for review, the injured worker reports his pain level status as 7-8/10 on the pain scale; however, it is not annotated if this is with or without the use of pain medications. It is also annotated that the injured worker has been on Norco since 05/2013 which exceeds the short term recommended duration of less than 16 with efficacy documented. Therefore, the request for Hydrocodone /APAP 10-325 mg #120 is not medically necessary and appropriate.