

Case Number:	CM14-0103277		
Date Assigned:	09/16/2014	Date of Injury:	12/14/1996
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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:

Injured worker is a female with date of injury 12/14/1996. Per pain management re-evaluation report dated 5/27/2014, the injured worker has continued low back pain bilaterally with radiation to the right hip and thigh regions. She has neck pain and upper extremity pain. She has had 3 back surgeries including fusion with hardware and the third surgery was removal of the hardware. There is still a "broken" pedicle screw per her report. On examination she is not in acute distress. Gait is antalgic. There is a well-healed surgical scar in the lower abdominal region. There is tenderness and palpable muscle spasm of the lower lumbar paraspinal muscles. There is tenderness of the gluteal muscles, bilateral ischial tuberosities and sciatic notch. Deep tendon reflexes are symmetrical at 2+/2 in both knees and decreased in both ankles. Motor exam is negative in both lower extremities. There is decreased sensory in the right posterolateral thigh, leg and foot. Diagnoses include 1) status post 3 previous lumbar surgeries including fusion, failed back surgery syndrome 2) chronic low back pain and lower extremity radicular pain, worse on the right with sensory deficit 3) spinal stenosis as demonstrated by MRI at L3-4 and L2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydrocodone/Acetaminophen 7.5/325mg #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. Per the requesting physician, the injured worker has been on Norco for several years. At times, she takes Norco up to 6-7 times per day. Her Norco has been reduced to 4-5 per day. She has participated in a urine drug screening, and has signed a Pain Management Agreement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Hydrocodone/Acetaminophen 7.5/325mg #168 is not medically necessary.