

Case Number:	CM14-0104561		
Date Assigned:	07/30/2014	Date of Injury:	01/31/2012
Decision Date:	11/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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:

This is a 41 years old male patient who sustained an injury on 1/31/2012. He sustained an injury when he sprained his elbow unloading a truck and on 03/27/12 when he injured his low back pulling weeds. The diagnoses include lumbar spine disc extrusion at L5-S1, lumbar radiculopathy and bilateral elbow lateral epicondylitis. Per the doctor's note dated 5/29/14, he had complaints of pain in his neck, with radiation of hot tingling down his arms and into his fingers; aching, stabbing, and burning across his low back, with radiation pain and burning down his bilateral lower extremities, left worse than the right and spasm in his low back. The physical examination revealed enlarged mass within the right trapezius, normal gait, abnormal heel and toe walk, tenderness to palpation over the bilateral cervical paraspinals and trapezius, thoracic and lumbar at midline and paraspinals, decreased range of motion in all planes of the cervical and lumbar spines, limited by pain; paraspinal spasms; decreased sensation right C6-C8 dermatomes, decreased sensation left C5 dermatome, decreased sensation right L4-S1 dermatomes, and left L3 dermatome; 4+/5 strength in left psoas, tibialis anterior, and EHL; 5-/5 strength in remainder of bilateral lower extremity; positive straight leg raising test bilaterally. The medications list includes Norco and Gabapentin. He has had electromyogram/nerve conduction study of bilateral lower extremities on 03/12/14 and 5/10/12 with normal findings; MRI lumbar spine dated 4/4/12 which revealed right paracentral disc protrusion at L5-S1; MRI cervical spine dated 4/29/12 which revealed disc desiccation at C6-7 level; MRI left elbow and right elbow dated 4/29/12 with no obvious abnormalities; MRI lumbar spine dated 4/29/12 which revealed disc protrusion at multiple level; MRI lumbar spine dated 4/4/14 which revealed disc protrusion at multiple level; electromyogram/nerve conduction study of bilateral upper extremities on 6/28/12 and 8/30/12 with normal findings. He has had acupuncture visits and chiropractic visits for this injury. He has had urine drug screen report on 5/5/14 which was

inconsistent for Hydrocodone, Norhydrocodone and Hydromorphone; urine drug screen on 4/29/14 which revealed no medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 10/30/14), Opioids, criteria for use

Decision rationale: Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone 5/325 QTY 90 is not established for this patient. Therefore, this request is not medically necessary.