

Case Number:	CM14-0127617		
Date Assigned:	08/15/2014	Date of Injury:	09/17/1999
Decision Date:	12/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine & Rehabilitation and Pain 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:

The injured worker is a 58-year-old male who reported an injury on 09/17/1999 due to an unknown mechanism. Diagnoses were cervical facet arthropathy, cervical radiculopathy, status post cervical spinal fusion, lumbar disc displacement, lumbar facet arthropathy, lumbar postlaminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, erectile dysfunction, vitamin D deficiency, chronic pain (other), and status post left shoulder surgery. Physical examination on 07/10/2014 revealed complaints of low back pain that was constant. It was reported that the pain does not radiate to the lower extremities. The injured worker described the pain as sharp, stabbing, and was aggravated by activities such as walking. The injured worker reported difficulty with sleep and denied bladder and bowel dysfunction. The pain was rated a 6/10 in intensity with medications, and without medications, an 8/10. The patient also reported relief from constipation from stool softener. Examination of the lumbar spine revealed tenderness to palpation in the spinal vertebral area of the L4-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Facet signs were present in the lumbar spine bilaterally. Motor exam was within normal limits in the bilateral lower extremities. Straight leg raise at 90 degrees sitting position was negative bilaterally. Medications were gabapentin, hydrocodone/APAP, ketoprofen, MS Contin, Prilosec, Senokot-S, Viagra, vitamin d, Voltaren gel 1%, lidocaine 5% patch. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/3325mg 1 po every 6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for UsePatients with Intractable Pain Page(s): 6, 78.

Decision rationale: The request for hydrocodone 10/3325mg 1 po every 6 hours #120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. They recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker reported low back pain was constant. It was also reported that the pain was aggravated by activity and walking, and the injured worker reported difficulty with sleep. It was reported that the injured worker's liver function tests were elevated due to alcohol intake. It was reported that the injured worker had a trial of Cymbalta, but there was no trial of Lyrica, which could provide a decrease in pain and functional improvement. It was reported that the injured worker was on gabapentin 600 mg, half a tablet at nighttime. It was not indicated that the provider was going to up the injured worker's dose of gabapentin to optimize a more therapeutic effect and possibly decrease opioid medication use. The injured worker is also taking MS Contin 15 mg, 1 tablet every 8 hours. The injured worker is status post cervical fusion, left rotator cuff repair, right carpal tunnel release, and L4-5 decompression in 07/2007. Furthermore, it was reported that the injured worker was not currently working. The medical guidelines state that in patients with intractable pain, studies have shown that the longer a patient remains out of work, the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain, the less likely treatment (including a comprehensive functional restoration multidisciplinary pain program) will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. There were no recent reports from any type of physical therapy, acupuncture, or chiropractic sessions for the injured worker to help alleviate pain. Therefore, this request is not medically necessary.