

Case Number:	CM14-0023808		
Date Assigned:	06/11/2014	Date of Injury:	12/06/2001
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 63 year old female who reported an injury on 12/06/2001 due to a fall. On 03/04/2014 she reported migraines, neck pain, middle and low back pain with spasms, pain across the buttocks that was stabbing and radiating side to side. A physical exam revealed the neck had normal range of motion, tenderness and spasm of the cervical back bilateral paraspinal and trapezius, tenderness and spasm in the lumbar back, bilateral negative straight leg raise and facet loading maneuver causing neck axial pain. An MRI of the lumbar spine in 2003 revealed moderate multilevel degenerative changes including degenerative disc disease and facet arthropathy, there was a 5mm broad based disc bulge at L4-5 with mild stenosis and narrowing of the neural foramina, and a 4mm central disc bulge at L5-S1 associated with a small annular tear and mild spinal stenosis at L3-4. Diagnoses included chronic pain, hypertension, hyperlipidemia, and arthritis. Past treatments included injections, TENS, physical therapy, medication and biofeedback. Medications included aspirin 81 mg, carisoprodol 350mg 1 daily as needed for muscle spasms, diazepam 5mg one tablet every 12 hours as needed for anxiety, and Hydrocodone-acetaminophen 5/325mg one tablet by mouth every 6 hours as needed for pain. The treatment plan was for hydrocodone 5/325 mg #160 and 1 x-ray of the lumbar spine. The request for authorization was provided and signed on 02/15/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/325MG #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for hydrocodone 5/325mg #160 is not medically necessary. The documentation provided states that the injured worker has been taking hydrocodone 5/325mg for an unspecified period of time. The California MTUS Guidelines for opioids states that ongoing monitoring using the four domains (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be used during opioid treatment. The documentation provided lacks the documentation of ongoing monitoring such as urine drug screens, adverse side effects and effects on activities of daily living. It was noted that the injured worker's status remained unchanged; this is not a recommended pain assessment using current pain, intensity of pain after taking opioid, and how long pain lasts. The documentation lacks the information needed to warrant the request to include frequency. Therefore, the request is not medically necessary.

1 X-RAY OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

Decision rationale: The request for 1 x-ray of the lumbar spine Chronic Pain Medical Treatment Guidelines. The injured worker reported having chronic neck, middle and low back pain with spasms that was reported unchanged. ACOEM Guidelines states that x-rays are not recommended unless a red flag for a fracture, cancer, or infection is present. The documentation provided does not state that there was a concern for a fracture, cancer, or infection. The documentation lacks the necessary indications to warrant the use of an x-ray. As such, the request is not medically necessary.