

Case Number:	CM14-0046808		
Date Assigned:	07/02/2014	Date of Injury:	07/30/2004
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 30, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 25, 2014, the claims administrator partially certified Norco, approved Cymbalta, and denied a wheeled walker. The partial certification of Norco was apparently endorsed for tapering purposes. The claims administrator states that Norco had not been beneficial. Somewhat incongruously, then, the claims administrator stated that continuing Cymbalta was appropriate. The claims administrator further stated that the applicant could use a cane in lieu of the proposed walker and denied the same. The applicant's attorney subsequently appealed. In a September 5, 2013 progress note, the applicant was described as having persistent complaints of pain and spasms. The applicant was having frequent burning and numbness about the calf, reportedly ameliorated with Cymbalta usage. The applicant was also using Lyrica and Norco, it was further noted. The attending provider furnished some job options for the applicant and renewed a rather proscriptive 20-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. On November 7, 2013, the applicant was again described as using Lyrica, Norco, and Cymbalta. The applicant was reportedly married with three children, it was stated. The attending provider again stated that Lyrica was helping. It was stated that hydrocodone was being used occasionally. There was no discussion of how or if hydrocodone was beneficial. On March 3, 2014, the attending provider issued a prescription for hydrocodone acetaminophen. The attending provider stated that he was transition the applicant from Norco 7.5/325 to Norco 10/325 owing to cost issues. The same 20-pound lifting limitation was endorsed. The applicant

was asked to consider looking for another job. There was again no mention of medication efficacy insofar as hydrocodone was concerned. The applicant's gait, again, was not described. On March 19, 2014, the attending provider stated that the applicant did not do basic activities of daily living and did not get out of bed owing to issues of pain and depression without Cymbalta. The attending provider stated that usage of hydrocodone did reduce her pain levels by 70% and did ameliorate her ability to cook and clean. The applicant's gait was, once again, not described. On March 24, 2014, the attending provider apparently acknowledged that the applicant did not need a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant has failed to return to work, the attending provider has posited the ongoing usage of hydrocodone had ameliorated her pain levels by up to 70% and that the ongoing usage of hydrocodone has ameliorated the applicant's ability to perform cooking, cleaning, and other household chores and activities of daily living. Continuing hydrocodone-acetaminophen, then, on balance, is indicated. Therefore, the request is medically necessary.

One wheeled walker with brakes and a seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power Mobility Devices topic. Page(s): 99,.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, making every attempt to maintain the applicant at maximum levels of activity is recommended. Provision of a walker, then, would run counter to MTUS parameters and principles. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does indirectly suggest that functional mobility deficits can be ameliorated through the aids of canes and/or walkers, in this case, the attending provider has acknowledged that the applicant does not have a bona fide mobility deficit. The attending provider has acknowledged that the applicant only had issues ambulating secondary to pain. The attending provider ultimately acknowledged, on March 24, 2014 office visit, referenced above, that the applicant did not have any functional

mobility deficits. Provision of a walker, then, would run counter to MTUS principles and parameters to maintain applicants at maximum levels of activity. Therefore, the request is not medically necessary.