

Case Number:	CM14-0057212		
Date Assigned:	07/09/2014	Date of Injury:	11/10/2005
Decision Date:	09/03/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 Internal 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 60-year-old female who sustained a work-related injury on 11/10/05. The diagnoses included lumbar spine sprain, osteoarthritis of the left knee, status post left knee total knee replacement on 1/28/13, status post right total knee replacement, and internal derangement of the right shoulder. She had not been working. On 12/3/13, she saw [REDACTED] and stated her medications were helping to reduce her pain. She had severe low back pain radiating down the right leg and thigh to the calf. She also had left knee pain, discomfort, swelling, popping, clicking, and giving out. Her right shoulder had pain and limited range of motion. She just had surgery on the right breast and was not using her arm. Physical findings revealed tenderness over the left saphenous vein with left knee flexion at 115 degrees and extension to 170 degrees. She was tender over the posterior superior iliac spine. She was prescribed Hydrocodone/APAP one daily as needed. She was also given Promethazine for nausea. She was to continue Zolpidem, Omeprazole, Celebrex, and continue her home exercises. She was given an injection of Ketorolac. On 1/28/14, she was seen again and still had right shoulder limited range of motion. Her back pain and right leg pain continued, and it was intense. Both knees were painful. She had tenderness of the right sciatic notch and bilateral posterior superior iliac spine. She was prescribed Hydrocodone/APAP and the other medications again. She received another dose of Ketorolac and a cortisone injection to the right PSIS. A MRI of lumbar spine dated 3/24/2014 reported the following impressions. There is a levoconvex curvature. At L4-L5, there is a 5-6 mm disc bulge with foraminal narrowing and facet hypertrophy. At L5-S1, there is a 4 mm disc bulge with left greater than right foraminal narrowing and facet hypertrophy. At L3-L4, there is a 3 mm disc bulge with left greater than right foraminal narrowing and facet hypertrophy. At L2-L3, there is a 2 mm disc bulge and foraminal narrowing. The conus medullaris appears intact.

Hydrocodone/APAP 10/325 mg daily as needed # 30 was requested on 03-17-2014. A Utilization review decision date was 03-27-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 12/3/13 for Hydrocodone/APAP 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Opioids Page 74-96 Page(s): 74-96.

Decision rationale: The Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 89) presents the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. The medical records document the patient's diagnoses, including lumbar spine sprain, osteoarthritis of the left knee, status post left knee total knee replacement on 1/28/13, status post right total knee replacement, and internal derangement of the right shoulder. MRI of lumbar spine dated 3/24/2014 reported the following impressions. At L4-L5, there is a 5-6 mm disc bulge with foraminal narrowing and facet hypertrophy. At L5-S1, there is a 4 mm disc bulge with left greater than right foraminal narrowing and facet hypertrophy. At L3-L4, there is a 3 mm disc bulge with left greater than right foraminal narrowing and facet hypertrophy. At L2-L3, there is a 2 mm disc bulge and foraminal narrowing. The medical records also document the patient's complaint of severe pain. Patient reported that her medications were helping to reduce her pain. She was prescribed Hydrocodone/APAP one tablet daily as needed. The medical records document objective evidence of significant pathology and benefit from pain medications. The medical records and MTUS guidelines support the prescription of Hydrocodone/APAP 10/325 mg one tablet daily as needed # 30. Therefore, the retrospective request with date of service of 12/3/13 for Hydrocodone/APAP 10/325mg #30 is medically necessary.