

Case Number:	CM14-0061722		
Date Assigned:	07/09/2014	Date of Injury:	02/02/2004
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 Pain Management 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 male who was injured in a work-related accident on February 2, 2004 while loading a large oxygen tank into a truck when he slipped and fell, making him land on his buttocks with legs wide apart. His previous treatments included bilateral lumbosacral rhizotomies, physical therapy, epidural nerve blocks, radiofrequency denervation and spinal cord stimulator implant. On November 14, 2013, magnetic resonance imaging scans of the lumbar spine and pelvis were obtained. Result for the lumbar spine revealed a left lateral recess disc protrusion at L3-L4 that was causing mild mass effect on the transiting left L4 nerve root. There was right lateral recess 3-millimeter superior disc extrusion that caused mild mass effect on the transiting right L5 nerve root, mild disc bulges at L2-L3, L3-L4 and L4-L5 and minimal disc protrusion at L5-S1. Result for the pelvis revealed no findings of sacral insufficiency fractures. Examination conducted on April 2, 2014 indicated that the injured worker continued to experience low back pain with the same intensity as that from the previous visit characterized as constant and moderate. There was also associated stiffness and numbness of the legs, as well as weakness of the upper leg. There was some relief noted upon pain medication intake. Objective findings demonstrated tenderness with neck ranges of motion. There was pain with lumbar ranges of motion. Hypoesthesia was noted in the L2, L3 and L4 nerve root distribution with radiating pain to the leg consistent with a 3-4 mm disc bulge on scan. Medications were refilled including Norco 10 mg/325 mg tab 1-2 times a day. In his most recent evaluation on May 2, 2014, the injured worker presented with complaints of lower back pain, which was most prominent in the lower left and lower right lumbar spine. He stated that his pain radiated to the right and left leg into the groin area. He described the pain to be constant and moderate in intensity with associated symptoms of stiffness, numbness in the legs and weakness in the upper part of the legs. His pain was aggravated by walking and twisting movements making it difficult

for him to ambulate and function in a normal way. His current medication regimen has been beneficial as it reduces his pain level which allows him to perform activities which included walking, grocery shopping and driving. He continued to use a walker and wheelchair. This is as review for the requested medication Hydrocodone/Acetaminophen 10/325 milligrams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10-325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: The request for Hydrocodone/Acetaminophen is considered not medically necessary at this time. The medical record received indicated that the injured worker has been utilizing Hydrocodone/Acetaminophen since 2012 without objective functional improvement noted such as decrease in pain level, increase range of motion as well as increase ability to perform activities of daily living. As per California Medical Treatment Schedule criteria for long-term use of opioids, documentation of pain and functional improvement that can be compared to baseline are needed for reassessment. Furthermore, the same guidelines accentuate the necessity for screening instrument for abuse/addiction, which was also not found on the medical records submitted for review. Therefore, this request is not medically necessary.