

Case Number:	CM14-0070563		
Date Assigned:	07/14/2014	Date of Injury:	09/06/2007
Decision Date:	08/28/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 09/06/2007. Mechanism of injury is unknown. The injured worker is status post back surgery completed in 2010. The injured worker complained of back pain, stated that the level was moderate to severe. It occurred persistently. It was located at the lower back and the gluteal area. The pain radiated to the left ankle, right ankle, left calf, right calf, left foot, right foot, left thigh, and right thigh. The injured worker stated that the pain burned, was deep, numb, piercing, and shooting. There was no measureable pain level documented. Physical examination dated 03/07/2014 revealed that the injured worker was positive for back pain. He was negative for joint pain, joint swelling, muscle weakness, and neck pain. There were no motor strength findings documented or range of motion findings documented, as well. An MRI of the lumbar spine was completed on 01/05/2012 with an impression of interior fusion at the L4-5 and L5-S1 levels. There was significant metallic artifact at the L4-5 level. There did not appear to be significant spinal canal stenosis, neural foraminal narrowing, or neural involvement of these levels. The injured worker has diagnoses of opioid induced constipation, depression/anxiety, neck pain, spondylosis, chronic pain due to trauma, radiculopathy thoracic or lumbosacral, myalgia and myositis, L4-5 disc replacement, sprain of the lumbar, post laminectomy syndrome of lumbar region, lumbosacral spondylosis without myelopathy, lumbar spinal fusion L5-S1, and pain in the low back. The only past treatment included in the submitted report is medication. Medication includes MS-Contin 30 mg 1 in the AM for pain, Norco 10/325 mg 1 to 2 tablets every 4 to 6 hours for pain, synolaxative 8.6 mg 2 tablets 2 times a day, trazodone HCl 50 mg 1 at bedtime for pain, Cymbalta 30 mg 1 capsule 2 times a day, and ket/cyc/dic/gab/orp/tet cream 90 grams 1 to 2 grams applied to affected area 3 to 4 times a day. The current treatment plan is for hydrocodone/acetaminophen

10/325 mg 150 tablets for 12 days. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrophone-Acetaminophen 10mg-325mg, #150, 12 day supply, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab) ; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter; ODG TWC 2014 Pain: Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, page 91, Ongoing Management Page(s): page 78.

Decision rationale: The request for Hydrophone-Acetaminophen 10mg-325mg, #150, 12 day supply, no refills is non-certified. The injured worker complained of back pain, stated that the level was moderate to severe. It occurred persistently. It was located at the lower back and the gluteal area. The pain radiated to the left ankle, right ankle, left calf, right calf, left foot, right foot, left thigh, and right thigh. There was no measureable pain level documented. Submitted reports indicate that the injured worker is currently taking hydrocodone/acetaminophen 10/325; however, the request as submitted is for hydrophone. As such, the guidelines for hydrocodone/acetaminophen (Norco) were cited. California MTUS guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be submitted. 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. As per guidelines above, the documentation submitted lacked evidence of the 4A's being adequately addressed. The injured worker did not report any moderate to severe pain. There were no pain levels documented using VAS. There were no urinalysis tests submitted in report. Furthermore, the request did not specify a frequency of the requested medication. As such, the request is not medically necessary.