MAXIMUS Federal Services

Case Number:	CM14-0074079		
Date Assigned:	07/16/2014	Date of Injury:	12/12/2013
Decision Date:	11/24/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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, has a subspecialty in Pain Medicine 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 60 year old male who had a work related injury on 12/12/13. He was at work sitting on a chair with wheels at the base. At one point he moved and the chair suddenly broke. The injured worker fell down to the floor, injured his low back and tailbone. He stayed there for about 10 minutes, and then his coworkers helped him standing up. He was diagnosed with lumbar disc disease with myelopathy, lumbosacral neuritis, lumbar sprain, and insomnia. An MRI of the lumbosacral spine performed on 12/20/13, revealed a possible 3-4mm disc bulge with the left side greater than the right and corresponding indentation on the epidural fat and the subarachnoid space to a lesser degree. There was possible moderate spinal stenosis and narrowing of both foramina with no apparent impingement on the exiting nerve roots. Electrodiagnostic studies were performed on the bilateral lower extremities on 03/01/14 and were noted to be normal with no evidence of neuropathy, radiculopathy, or peripheral neuropathy. The most recent medical record submitted for review is dated 04/21/14. The injured worker is back in for follow up of his back pain. He rates his pain as 6-7 on a scale of 0-10. Without medications, it is a 5/10. The patient is aggravated by movements; it is alleviated with rest and medication. The low back pain is associated with radiating pain into the posterior aspect of the left knee. He is oriented and the mood appears to be okay. He is in mild distress due to the pain. He has a guarded gait. Cervical spine there is normal cervical spine examination with no paracervical tenderness or myospasms palpable and full range of motion in all planes. There was normal thoracic spine examination with no perithoracic tenderness or myospasms palpable. No rib tenderness. Lumbar spine examination, there is tenderness and myospasms palpable over the bilateral paralumbar muscles. Tenderness is also palpable in the left sciatic notch. Circumscribed trigger points with positive taut bands, twitch response, positive jump's sign with pressure over the bilateral paraspinous muscle also noted. Straight leg

raise test is positive on the left side, causing low back pain radiating to the left posterior thigh upon 30 degrees of left leg raising. The Braggard's test is also positive on the left side. There is decreased range of motion in all planes due to the end range back pain. Cranial nerves 2-12 are grossly intact. Sensory examinations reveal decreased sensation in the left lower extremity, including 2 point discrimination, light touch and pain sensation. Motor examination reveals reduced motor strength to 4/5 in the left lower extremity. Deep tendon reflexes are equal and bilaterally symmetrical in the upper and lower extremities bilaterally. Diagnoses: lumbar disc displacement with radiculopathy, lumbar radiculopathy, lumbar spine sprain/strain, insomnia. Prior utilization review on 04/21/14 was modified to allow for weaning. Current request is for Hydrocodone 10/325mg #60 to allow for weaning and/or the submission of supporting documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60 to allow for weaning and/or the submission of supporting documentation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: The request for Hydrocodone 10/325mg #60 to allow for weaning and/or the submission of supporting documentation is not medically necessary. The prior utilization review on 04/21/14 was modified for weaning purposes, after 5 months weaning should be complete. There is no significant decrease in VAS with and without medication, no documentation of functional improvement. Therefore medical necessity has not been established.