

Case Number:	CM14-0099593		
Date Assigned:	07/28/2014	Date of Injury:	09/14/1996
Decision Date:	11/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 years old male with an injury date of 09/14/96. The 02/05/14 report states that on 11/18/13, the patient's pain was in his right lower lumbar spine radiating down the back of his foot and extending up into the right parathoracic region below the scapula. He had numbness and tingling paresthesias in the right leg and foot as well as stiffness in his lower back. The patient complains of intermittent episodes of "leg weakness and numbness in addition to debilitating sciatica pain...Pain interferes with sleep and work performance. He has difficulty staying asleep because of pain." His pain ranges from a 4-8/10. The patient gets severe muscle cramps in his calves and thighs. He has decreased left Achilles reflex and decreased pin sensation at left L5 and S1. The 04/21/14 report indicates that the patient continues to have lumbar spine pain with leg weakness/numbness. The patient's pain ranges from 5-8/10. He has a positive straight leg raise on the right and left for radicular pain. Facet loading test is positive bilaterally and the patient has a decreased range of motion. The patient's diagnoses include the following: 1) Disc displacement with radiculitis- lumbar 2) Chronic pain due to trauma. The utilization review determination being challenged is dated 05/22/14. Two treatment reports were provided from 02/15/14 and 04/21/14. 1) Disc displacement with radiculitis- lumbar 2) Chronic pain due to trauma. The utilization review determination being challenged is dated 05/22/14. Two treatment reports were provided from 02/15/14 and 04/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10/325 mg days 30 quantity 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Page 80, page 180.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 78.

Decision rationale: According to the 04/21/14 report, the patient complains of lumbar spine pain with leg weakness and numbness. The request is for Hydrocodone/APAP tab 10/325 mg days 30 quantity 180. He is currently taking Norco 10/325 mg 1 tablet as needed every 6 hours and Enalapril Maleate 25 mg tablet. The denial letter mentions the 11/18/13 urine drug screen which tested positive for opiates (no further discussions were provided on any UDS). MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 02/05/14 report states that the patient "takes 6-8 Norco per day for years. He has been on morphine orally but had cognitive impairment and could not work. He is able to function on Norco...He states he has been on 6-8 Norco 10 mg per day for many years and was previously prescribed 200 per month by [REDACTED]...He has actively employed full time in a job that requires significant amount of physical labor... He describes negative impairment with other medications that does not occur with his Norco." In this case, the patient is able to function and work with the help of Norco and has been relying on it for years. The most recent report from 04/21/14 indicates that the patient's pain ranges from a 5/10 at its best to an 8/10 at its worst. The patient does not mention any adverse side effects/behavior. Since the patient is able to function and work full time with Norco, recommendation is for authorization.