

Case Number:	CM14-0187064		
Date Assigned:	11/17/2014	Date of Injury:	04/26/2007
Decision Date:	01/20/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family 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:

On 4/27/2007, the injured worker reported his shoulder was hit by a sliding beam. This 32 year old male presents for a follow-up visit with orthopedic and spine center on 10/22/14. His current complaints include aching pain in neck which radiates into left shoulder, which he rates 9/10 on pain scale of 10 being the greatest amount of pain. He is complaining of pain 10/10 through mid and low back about the spine. This is a stabbing type pain that is made worse with sitting and standing. He reports numbness and a decrease in sensation in the right leg that radiates down into the foot. He reports that when he takes the pain medications he is able to sit for longer periods of time. He continues to require a cane to help with walking and still has significant difficulty with performing activities of daily living. He has not worked since 2007. Treating/Referral Provider Findings: The patient has a severely antalgic gait as well as an abnormal heel and toe walk. The exam further revealed tenderness of the cervical and left thoracic paraspinal muscles. The provider was unable to obtain range of motion for the lumbar spine due to injured worker's poor balance. Cervical and thoracic range of motion remains limited. Conservative Treatment to Date with Results: The injured worker has completed 2 sessions of acupuncture therapy without benefit, 2 epidural injections to the thoracic spine a few years ago with no pain relief and 5 sessions of chiropractic therapy to the thoracic spine without pain relief. He has an additional 6 sessions of acupuncture yet to be completed, therefore an extension was given. Injured worker reports that pain meds reduce his pain from 9/10 to a 4-5/10 and allow him to be more comfortable. Significant objective improvement with range of motion and activities of daily living is not noted. His medications for pain included Norco 10/325 2-3 times per day, Gabapentin (which provided no relief of radicular symptoms), Pamelor 25mg #60 (discontinued due to allergic reaction), Tramadol ER 150mg 1 daily, Lidopro topic cream and Hydrocodone 10/325. The injured worker is currently taking Hydrocodone 10/325 2-3x per day and Tramadol

ER 150 daily however, it is unclear according to the medical records as to the exact duration of time he has taken these meds (per documents provided, it is certain that he has taken both these meds over 6 months). Per AME dated 9/9/11, injured worker was documented as having narcotic dependence on a 5/6/11 note. However, the specific meds being taken were not noted.

Diagnostics w/Findings to Date: An MRI of the lumbar spine completed on 5/26/09 revealed 1.5 mm protrusion and osteophytes. MRI of Left shoulder completed 5/26/09 was unremarkable.

EMG/NCV from 5/22/14 revealed right L4/5 Radiculopathy. An MRI of the thoracic spine was completed on 9/10/14 which revealed the following: scoliosis with degenerative disc disease, multifocal protrusions at multiple levels and mild canal stenosis without foraminal narrowing.

Surgical Treatment to Date: Per AME report dated 8/21/14, injured worker was found no to be a surgical candidate. Diagnoses: Thoracic spine HNP with right leg radiculopathy, cervical

musculoligamentous sprain/strain, myofascial pain syndrome and L4/5 radiculopathy per EMG

Disputed Service: Hydrocodone/APAP 10/325 MG #90- This request is not consistent with Chronic Pain Treatment Guidelines referenced above as it relates to opioid maintenance. The injured worker has not made significant functional improvement nor experienced significant pain relief as a result of opioid usage. At this juncture, the guidelines recommend weaning off medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 70-78, 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 88-91.

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, this request is not medically necessary.