

Case Number:	CM14-0197449		
Date Assigned:	12/05/2014	Date of Injury:	07/06/1999
Decision Date:	02/13/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, 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 45-year old female with date of injury 7/6/99. The treating physician report dated 10/3/14 (108) indicates that the patient presents with ongoing pain affecting the lower back and neck with radicular symptoms in the bilateral arms and legs. The patient has constant stabbing neck pain with numbness and tingling down bilateral arms into the fingertips, the right side being greater than the left. Patient rates her neck pain as a 6/10 on average and reports having migraines for approximately three days, which increase her neck symptoms. In regards to the lower back the patient complains of aching pain that radiates down the bilateral legs to the toes, the right leg being greater than the left. She experiences numbness pins and needles in her right leg through the toes and has difficulty sleeping due to the pain. She rates her low back pain as 8/10. The physical examination findings reveal the patient has significant TTP of the lumbar spine with spasms into the right paraspinal region. The range of motion is significantly decreased in her lumbar spine. She has decreased sensation in her right L4, L5 and S1 dermatomes. She has decreased strength in her right lower extremity secondary to pain and occasional fasciculation in her right lower extremity. Prior treatment history includes spinal cord stimulator implantation on 2/28/14, transforaminal epidural steroid injection at right L4 and L5 on 9/12/14, physical therapy, 1 session of acupuncture, 1 session of chiropractic treatment, Norco, Cyclobenzaprine, Amitriptyline and Terocin cream. MRI findings dated 8/10/12 revealed disc desiccation at L5-S1. At L4-5, a 5mm posterior disc extrusion in the region of the right neural foramen and right lateral recess. There is a 3mm in the central protrusion of the left neural foramen. The disc extrusion abuts the origin of the right L5 which also leads to right neural foraminal canal stenosis. At L5-S1, there is a 3mm posterior broad-based disc protrusion with tearing of the osteofibrosis. The current diagnoses are: - Lumbar spondylosis - Lumbar degenerative disc disease - Lumbar radiculopathy - Chronic pain syndrome - Annular tear at L5-S1 - Facet

arthropathy with retrolisthesis and broad-based bulge with central protrusion at L5-S1 - L4-5 moderate canal stenosis The utilization review report dated 10/24/14 (5) modified the request for Hydrocodone/APAP 10/325mg #120 to Hydrocodone/APAP 10/325mg #60 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 78, 88 and 89.

Decision rationale: The patient presents with ongoing pain affecting the lower back and neck with radicular symptoms in the bilateral arms and legs. The current request is for Hydrocodone/APAP 10/325mg #120. The treating physician report dated 10/3/14 (108) states, "patient rates her neck pain as a 6/10 on average and reports having migraines for approximately three days, which increase her neck symptoms. In regards to the lower back the patient complains of aching pain that radiates down the bilateral legs to the toes, the right leg being greater than the left. She experiences numbness pins and needles in her right leg through the toes and has difficulty sleeping due to the pain. She rates her low back pain as 8/10." For chronic opiate use, 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 aberrant 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. A review of the reports provided does not show documentation or discussion of pain assessment at each visit, discussion of the 4 As, or pain assessment and outcome measures per the above. Therefore, this request is not medically necessary.