

Case Number:	CM14-0200681		
Date Assigned:	12/11/2014	Date of Injury:	12/13/1991
Decision Date:	01/30/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 12/13/1991. A utilization review determination dated 10/27/14 recommended non-certification for the requested hydrocodone 10/325mg #120. Weaning of this medication was suggested stating that the medical records do not establish significant functional improvement and pain relief was minimal. A progress report dated 10/30/2014 indicates the patient returned for pain medication and follow up visit. She complains of thoracic back pain that occurs frequently and is described as sharp and stabbing. Pain is aggravated by flexion, extension, activity and bending, and she complains of frequent muscle spasms. She also complains of lumbar back pain with radiating pain down both legs but notes the left is greater. She also complains of numbness intermittently in the lower extremities and muscle weakness that occurs frequently. Lower extremity pain, pain in the right Sacroiliac and bilateral calf pain is also noted. Pain is rated at a 5-6/10 without medication and 8-10/10 with medication, pain is noted to be worse at this visit then at previous visit on 9/10/14 where it was rated at a 6-8/10 without medication and an 8-10/10 with medication. The patient is post Facet Radiofrequency Rhizotomy at the L4-S1 level (10/1/2013) and is 60% better due to this therapy and has had significant functional improvement and decreased pain. Physical exam indicates the patient has spasm to the right paraspinal muscles and over the L3-5 levels, and range of motion was limited due to pain and worse with flexion and extension. The patient had decreased sense of touch in the right lower extremity and decreased strength of the extensor muscles along the L3-5 dermatome bilaterally. Straight leg raises in the seated position were positive on the left at 70 degrees and on the right at 60 degrees. Abnormal EMG reviewed at this visit noted that the 7/30/12 study shows prior chronic right L-S1 radiculopathy, probable severe distal left tibial and peroneal neuropathies at or about the foot and ankle, and absent right and abnormal left sural sensory response. MRI from 5/29/12 reviewed at this visit indicates the patient has severe right

concave lumbar scoliosis with L2, L3 and L4 anterior and left lateral subluxations, a 4.3 mm combination disc protrusion and subluxation with osteophyte formation at L4-5, a 3.5mm L3-4 disc protrusion and subluxation and a 3.6mm L2-3 disc protrusion. Diagnoses of Lumbar Disc Displacement, Lumbar Facet Arthropathy, Lumbar Radiculopathy, Left ankle pain, Chronic pain, Status post left ankle surgery, Left Trigger thumb. Treatment indicates the patient is to continue home care assistance, consider right SI injection, and continue current medications; Capsacin, Flexeril, Hydrocodone and Xolido cream. A progress report dated September 30, 2014 states that the patient has experienced 60% improvement in pain due to the current medication regimen. Additionally, the patient is more able to perform activities of daily living as a result of the current medication regimen. The note goes on to indicate that there was a discussion regarding medication compliance, potential adverse effects, and expectations of ongoing medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg every 6 hours as needed #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use reported. In light of the above, the currently requested Norco is medically necessary.