

Case Number:	CM15-0132206		
Date Assigned:	07/20/2015	Date of Injury:	08/12/2011
Decision Date:	08/14/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female, who sustained an industrial injury on 08/12/2011. She has reported injury to the neck, right shoulder, and low back. The diagnoses have included chronic low back pain and bilateral lower extremity pain; lumbar degenerative disc disease with foraminal stenosis at multiple levels, worst at L3-4 and L4-5; right carpal tunnel syndrome; status post right subacromial decompression, Mumford procedure, rotator cuff repair, and SLAP (superior labrum anterior to posterior) lesion repair, on 06/23/2014; cervical multilevel degenerative disc disease; and neck pain and right upper extremity radicular pain. Treatment to date has included medications, diagnostics, injections, epidural steroid injections, surgical intervention, physical therapy, and home exercise program. Medications have included Hydrocodone, Tizanidine, Zolpidem, Tramadol, Ibuprofen, and Pantoprazole. A progress note from the treating physician, dated 06/23/2015, documented a follow-up visit with the injured worker. The injured worker reported ongoing left low back pain since she underwent her second transforaminal epidural steroid injection on 05/06/2015; her low back pain and lower extremity pain did improve to some extent; she is continuing with physical therapy and home stretching exercises; she reports approximately 30% reduction and/or decrease in pain levels with taking medications; the medications remain effective; and functional benefits include substantial assistance with the activities of daily living, mobility, and restorative sleep. Objective findings included gait is antalgic and slow; she is able to heel walk and toe walk, but slowly; there are muscle spasms in the low back, worse on the right than the left; range of motion in the low back is decreased; deep tendon reflexes are symmetrical in the lower extremities, but decreased in both knees and ankles; and straight leg raise test is positive in both lower extremities, slightly worse on the left than the right. The treatment plan has included the request for Hydrocodone 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain by 30% with improved activities of daily living, mobility, and sleep. When seen, there was a slow antalgic gait. There had been improvement after an epidural injection. There was decreased lumbar spine range of motion with muscle spasms and straight leg raising was positive. The claimant's BMI was nearly 40. Norco was prescribed at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved activities of daily living and quality of life including improved sleep. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.