

Case Number:	CM15-0135216		
Date Assigned:	07/23/2015	Date of Injury:	06/03/2012
Decision Date:	08/26/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old female, who sustained an industrial injury on 6/3/12. She has reported initial complaints of low back pain after a trip and fall. The diagnoses have included low back pain, thoracic degenerative disc disease and lumbar facet syndrome. Treatment to date has included medications, activity modifications, surgery, diagnostics, physical therapy, injections and other modalities. Currently, as per the physician progress note dated 6/5/15, the injured worker complains of continued back pain with medications she rates it 7/10 on pain scale and without medications it is rated 9/10. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, x-rays of the lumbar spine, computerized axial tomography (CT scan) of the lumbar spine and Magnetic Resonance Imaging (MRI) of the thoracic spine. The current medications included Lidoderm patch, thermacare heat wrap, Celebrex, Cyclobenzaprine, Rozerem, and Hydrocodone/Acetaminophen. There was no previous urine drug screen noted. The objective findings reveal antalgic, slow, stooped gait without use of a device. The thoracic spine exam reveals severe scoliosis, restricted range of motion and tenderness to palpation. The lumbar spine exam reveals scoliosis, restricted range of motion with pain, tenderness to palpation, positive Gaenslen's sign, positive lumbar facet loading, positive straight leg raise bilaterally, positive Faber test, positive pelvic compression test, tenderness over the sacroiliac spine and trigger point with radiating pain and twitch response on palpation at the piriformis muscles. There is tenderness bilaterally at the sacroiliac joints. The light touch sensation is decreased over the medial foot bilaterally. The physician noted that the injured worker has been stable on the current medications and has not changed regimen in

greater than 6 months. Her function and activities of daily living (ADL) are improved on the current medications doses. The physician requested treatment included Hydrocodone/Acetaminophen 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: This patient presents with complains of continued back pain. The current request is for Hydrocodone/Acetaminophen 10/325mg #30. The RFA is dated 06/11/15. Treatment to date has included medications, activity modifications, surgery (prior to 1990), diagnostics, physical therapy, injections and medications. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Current medications include Lidoderm patch, thermacare heat wrap, Celebrex, Cyclobenzaprine, Rozerem, and Hydrocodone/Acetaminophen. This patient has been prescribed Hydrocodone/Acetaminophen 10/325mg since at least 12/19/14. According to progress report 06/05/15, pain with medications is rated a 7/10 and without medications it is rated 9/10. It was noted that medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. With medications she can perform household tasks including cooking cleaning, self-care for 30 to 45 minutes at a time. Objective findings revealed scoliosis, restricted range of motion with pain, tenderness to palpation, positive Gaenslen's sign, positive lumbar facet loading, positive straight leg raise bilaterally, positive Faber's test, positive pelvic compression test, tenderness over the sacroiliac spine and trigger point with radiating pain and twitch response on palpation at the piriformis muscles. There is tenderness bilaterally at the sacroiliac joints. The light touch sensation is decreased over the medial foot bilaterally. In this case, it appears the patient's functional levels are impacted without the use of medications. The treating physician has documented and addressed all the 4As as required by MTUS for opiate management. However, the patient does not present with a condition for which chronic use of opiate is supported. MTUS page 80 states "Chronic back pain: Appears efficacious but limited for short-term pain relief, and long-term efficacy is unclear,

but also appears limited." The patient presents with chronic low back pain with degenerative disc disease and lumbar facet syndrome. Chronic or long-term use of opiates are not indicated. The request is not medically necessary.