

Case Number:	CM15-0136795		
Date Assigned:	07/24/2015	Date of Injury:	05/19/2011
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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 42-year-old female who sustained a work related injury May 19, 2011. Past history included gastric bypass surgery 2007 and status post left carpal tunnel and cubital release December 19, 2014. According to a pain medicine re-evaluation physician's report, dated June 8, 2015, the injured worker complains of constant neck pain with spasms, radiating down bilateral upper extremities to the level of the fingers and associated with occipital headaches. She also reports constant low back pain with spasms, which radiates down the bilateral lower extremities with tingling to the level of the knee. The pain is rated 5 out of 10 with medication and 9 out of 10 without medication. She is status post transforaminal epidural steroid injection, left L4-S1 April 21, 2014 with a 50-80% overall improvement of pain lasting two months. Her medication provides relief lasting for 2 to 3 hours and enables her to clean, vacuum, drive, shop, and laundry. Physical examination revealed; gait is antalgic, spasm L4-S1 with tenderness. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was increased with flexion and extension. There is decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity. Straight leg raise in a seated position was positive on the left, for radicular pain at 45 degrees. There is tenderness to palpation at the bilateral wrists. Diagnoses are chronic pain, other; lumbar radiculitis; lumbar radiculopathy. Treatment plan included psychiatrist evaluation for anxiety and depression and continuing ongoing home exercise program. At issue, is the request for authorization for Hydrocodone-Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10-325mg #20, 6-day supply (refill 0 of 1): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for radiating neck and low back pain. When seen, medications are referenced as decreasing pain from 9/10 to 5/10. The claimant has a history of a gastric bypass and is unable to take oral NSAID medications. Physical examination findings included appearing in slight to moderate distress. There was an antalgic gait. There was lumbar paraspinal muscle tenderness with muscle spasms and decreased range of motion due to pain. There was decreased left lower extremity sensation with positive left straight leg raising. There was bilateral wrist tenderness. Medications were refilled. Tramadol ER and Norco were being prescribed at a total MED (morphine equivalent dose) of 120 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 decreased pain. The total MED is 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.