

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0166085 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 12/19/2012 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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 51 year old female who sustained an industrial injury on 12-19-12. The diagnoses are lumbosacral radiculopathy with multilevel lumbar disc disease and right knee pain. Previous treatment includes epidural injections, therapy, and medications. In a progress report dated 7-27-15 and a follow-up evaluation dated 7-29-15, the treating physician notes ongoing severe back pain radiating down her legs. It has been unresponsive to conservative treatment for two and a half years. Surgery has been requested since 8-27-14. It is noted that the injured worker requires surgery, she is not permanent and stationary and the best surgery for this would be disc replacement arthroplasty at L4-L5 and L5-S1. She has had progressive pain with inability to walk. It is noted she is a young woman who has to use a walker to get around. Lumbar range of motion is limited with low back pain. Straight leg raise test is positive on the left, localizing to low back pain with right leg pain. Sensation is decreased over the left L5 and S1 dermatomes and mildly over the right L5 dermatome. She is not able to work. A request for authorization dated 7-31-15 lists the following medications: Hydrocodone-Acetaminophen 10-325mg, Diclofenac 100mg, Gabapentin 300mg, Cyclobenzaprine 7.5mg, and Tramadol 50mg. On 8-11-15, utilization review modified the requested treatment of Hydrocodone Acetaminophen 10-325mg every 4 to 6 hours for a quantity of 180, with one refill to one refill for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone acetaminophen 10/325mg every four to six hours quantity 180 with one refill:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for lumbar radiculopathy. In April 2015 she was having progressive pain unresponsive to hydrocodone being taken up to eight times per day. She had increased leg pain and was using a walker. Treatments have included a lumbar epidural injection and a repeat injection and a lumbar decompression and fusion are referenced. When seen, she was having ongoing significant pain. She was not having any medication side effects. Physical examination findings included decreased and painful lumbar spine range of motion with midline and left lumbar tenderness. There was positive straight leg raising with decreased lower extremity strength and sensation. Medications were continued. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life and in April 2015 it was ineffectively controlling pain at a higher dose. Continued prescribing is not medically necessary.