

Case Number:	CM15-0196166		
Date Assigned:	10/09/2015	Date of Injury:	03/18/1998
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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 74 year old female, who sustained an industrial injury on 03-18-1998. She has reported subsequent low back and left lower extremity pain and was diagnosed with post-laminectomy syndrome of the lumbar region and opioid type dependence, continuous. Treatment to date has included pain medication, spinal cord stimulator and physical therapy which were noted to have failed to significantly relieve the pain. Vicodin (Hydrocodone-APAP) was documented as being prescribed as far back as 2008. It appears that the Hydrocodone was discontinued at some point and Norco was started but the injured worker was placed back on Hydrocodone-APAP on 02-04-2015 due to ineffective pain relief from Norco. The office visit note from that date indicates that the injured worker was reporting worsening back and leg pain that was rated as 7 out of 10, 4 at best and 8 at worst with an average pain of 6 and was avoiding exercising, household chores and recreation. In progress notes dated 08-04-2015 and 09-02-2015, the injured worker reported low back, left leg, left ankle and left foot pain that was rated as 6 out of 10, 4 at best and 8 at worst with an average pain rating of 5, and was associated with tingling in both legs and feet, numbness in both feet and weakness in both hands with increased insomnia. Objective examination findings on 08-04-2015 and 09-02-2015 revealed positive palpable IPG battery over the right buttock, 4 out of 5 strength upon great toe extension on the left and diminished sensation in the left L5 and S1 dermatomes of the lower extremities. Work status was documented as permanent and stationary. The physician noted in relation to Hydrocodone that the injured worker was able to decrease pain at least 50% and to walk, sit and stand for longer time as well as providing better function with house chores. A request for authorization of Hydrocodone-APAP 10/325mg, #30 was submitted. As per the 09-22-2015 utilization review, the request for Hydrocodone-APAP 10/325mg, #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, #30: Overturned

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 for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in March 1998 when she noted a pop in her back while breaking up a fight and underwent a lumbar decompression and fusion in August 1999. She is being treated for failed back surgery syndrome. She has a spinal cord stimulator. When seen, she was having low back and left lower extremity pain. Pain was rated at 4-8/10. Norco was providing a 50% decrease in pain with improved sitting, standing, and walking tolerances and allowing for better function with household chores. Physical examination findings included decreased lumbar range of motion. There was decreased left lower extremity strength and decreased bilateral lower extremity sensation. Norco and extended release tramadol were prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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 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 and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.