

Case Number:	CM15-0211362		
Date Assigned:	10/30/2015	Date of Injury:	11/14/2001
Decision Date:	12/14/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/27/2015

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 61 year old female, who sustained an industrial injury on 11-14-2001. She has reported injury to the low back. The diagnoses have included chronic musculo-ligamentous strain-sprain of the lumbosacral spine with bilateral lower extremity radiculitis, secondary to underlying degenerative disc disease by history; chronic pain syndrome; and depression and anxiety. Treatments have included medications, diagnostics, and activity modification. Medications have included Motrin, Vicodin, Lidoderm patch, Cymbalta, Norco, and Gabapentin. A progress report from the treating provider, dated 08-06-2015, documented an evaluation with the injured worker. It is noted that the injured worker is being seen for "widespread inoperable multilevel degenerative disc disease of the lumbar spine with chronic pain, anxiety, and depression". The injured worker reported that her medications continue to be appropriately used with two tablets of Norco per day for pain, Ibuprofen three per day for pain and inflammation, Gabapentin between one or two at bedtime for nerve pain, and Cymbalta two in the morning for industrially-related depression; all of her medications have been approved, except for the Norco; and she continues to pay for the Norco out-of-pocket. Objective findings included she is alert and oriented times three; her affect is appropriate; her gait and posture today remain normal; range of motion of the lumbar spine is deferred today at the patient's request; motor and sensory testings are intact in both lower extremities bilaterally; and straight leg raisers remain negative bilaterally. The treatment plan has included the request for 1 prescription of Hydrocodone-Acetaminophen 10-325mg #60. The original utilization review, dated 10-22-2015, non-certified the request for 1 prescription of Hydrocodone-Acetaminophen 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone- Acetaminophen 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in January 2001 and is being treated for chronic low back and bilateral leg pain due to severe multilevel degenerative disc disease. Treatments have included physical therapy with a reported worsening of symptoms and she is not considered a surgical candidate. Medications have included Cymbalta, Lidoderm, Vicodin, and Motrin. In March 2013 Vicodin had been denied and she had increased pain. She had considered going to an Emergency Room. With Vicodin pain is reported as decreasing from 8-9/10 to 3-4/10. She continues to be seen for follow-up from every 6 weeks to 4 months. In August 2015 she was paying for Norco out of pocket. Pain scores were not recorded. Physical examination findings were normal. Lumbar range of motion testing was deferred at the claimant's request. Medications were Norco, ibuprofen, gabapentin, and Cymbalta. 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 and the claimant is obtaining this medication on her own. 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Without documentation of continued efficacy, continued prescribing is not medically necessary.