

Case Number:	CM15-0033396		
Date Assigned:	02/26/2015	Date of Injury:	07/21/2005
Decision Date:	04/07/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/23/2015

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: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 07/21/2005. He has reported subsequent back pain and was diagnosed with low back pain, lumbar degenerative disc disease, lumbar radiculopathy and lumbar facet syndrome. Treatment to date has included oral pain medication, home exercise and surgery. His current medications are: Norco, Morphine Sulfate ER, Lidoderm and Baclofen. In a progress note dated 02/26/2015, the injured worker complained of increased low back pain that was rated as 9/10 without medication which significantly limits his activities of daily living (ADLs) but is 5/10 with medication and able to perform his ADLs. He also notes numbness in his legs. Objective physical examination findings were notable for antalgic gait, restricted range of motion with pain, hypertonicity, spasm and tenderness of the paravertebral muscles, negative straight leg test, positive lumbar facet loading, 4/5 motor strength to left extensor hallucis longus, absent deep tendon reflexes at knees and ankles bilaterally and tenderness over the coccyx. Requests for authorization of Norco and gel pillow were made. On 02/14/2015, Utilization Review non-certified requests for Norco and 1 gel pillow for sitting, noting that there was no evidence of reduced pain or functional improvement with Norco and that there was no indication that the injured worker had suffered a traumatic or new injury for which the gel pillow would be necessary. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. First-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have been tried and were not helpful in controlling pain. Additionally, the provider has documented beneficial effects of decreased pain and increased function from use of this medication. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The provider has been following this criteria. Considering all the above, medical necessity for continued use of Norco has been established.

One gel pillow for sitting: 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 Medical Treatment General Approaches; Clinical Topics-Low Back Complaints Page(s): Part 1 pg 1-3, 6. Decision based on Non-MTUS Citation Patel R, Appannagari A, Whang PG. Coccydynia. Curr Rev Musculoskelet Med. 2008 Dec; 1(3-4): 223-226.

Decision rationale: An orthopedic pillow is a pillow designed to correct body positioning in bed or while lying/sitting on any other surface. It is designed to conform with orthopedic guidelines to ensure the right placement and support of one or more specific parts of the body and to provide safe and healthy rest. A gel pillow is used to support the patient with coccydynia (pain in the coccyx) while in the sitting position. Nonsurgical treatment remains the gold standard for treating this condition. This involves using one or more of the following: decreased sitting, seat cushioning, massage, chiropractic manipulation, stretching and injection with steroids and/or local anesthetics. There are no evidence-based studies or guidelines that effectively addresses this disorder. The provider has documented signs and symptoms of coccydynia and has

recommended use of a gel pillow for sitting. At this point in the care of this patient medical necessity for use of this modality has been established.