

Case Number:	CM15-0036272		
Date Assigned:	03/04/2015	Date of Injury:	08/09/2014
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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, Washington

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 36 year old female who reported an injury on 08/09/2014. The mechanism of injury is noted as a fall. The diagnoses include cervical myofascial pain, chest wall pain, facet arthropathy L4-S1, lumbar spondylosis. Past treatments include physical therapy, home TENS unit, lumbar support orthotic, activity modification and medications. Diagnostics include an MRI from 10/03/2014 which showed a minimal disc bulge at L4-L5, mild early disc degenerative disease, spondylosis, and facet arthrosis within the lower lumbar spine, but no protrusion or stenosis. The x-rays of the lumbar and cervical spines from 8/11/2014 showed no significant findings save those already noted on MRI. Surgical history is not noted. On 01/08/2015, the injured worker complained of cervical and low back pain, VAS 6/10. She reported improvement with physical therapy, but reported ongoing chest wall pain. The exam findings included tenderness to the lumbar spine and paraspinal musculature. Lumbar range of motion percentage of normal was recorded at flexion 50, extension 40, bilateral tilts and rotations 40 each. Straight leg raise positive for pain in the right foot. Tenderness and limited range of motion in the cervical spine also noted. Medications include tramadol, cyclobenzaprine, pantoprazole, and NSAIDS. The request is for hydrocodone 10/325mg two to three times daily, quantity 60 for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 91, 76-78, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 78-80, 91.

Decision rationale: The previous review on 02/13/2015 non-certified this request due to a lack of specific clinical exam findings, such as improvement documented with the VAS scale, injured worker report of functional improvement with medication, and an estimate for duration of use of the medication, with a plan for weaning, and drug monitoring. On this appeal review, it is noted there are 2 drug screens included in the clinical notes. The clinical notes provided on appeal review do not support the medical necessity of this request. There is no documentation of improved ADL function with the opioid the injured worker is already taking, all references indicate any improved function reported by the injured worker are in relation to the physical therapy sessions and use of the TENS unit, which continue at this time. There is no mention of analgesia achieved via a VAS improvement scale with medication, nor by mention of subjective relief with medication by the injured worker, only that the pain level is 6/10. The fact that there is no documented improvement with the opioid therapy already in place for approximately 5 months, indicates that opioid use per the CA-MTUS guidelines, should instead be weaned and discontinued. The imaging studies provided show minimal findings, primarily degenerative, with no stenosis indicated. The documentation at this time does not support the medical necessity of this request. The request for hydrocodone 10/3025mg two-three times daily for breakthrough pain, quantity 60, remains non-certified.