MAXIMUS Federal Services

Case Number:	CM14-0115480		
Date Assigned:	08/04/2014	Date of Injury:	03/14/2007
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Internal medicine and is licensed to practice in. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a 57 year old male with a history of work injury on 03/14/07 when he fell down while descending a ladder. He had distal tibia fracture, lumbar compression fractures, lumbar and cervical back pain. An MRI of lumbar spine done in January 2008 showed compression deformity of T12 and L4. At L3-4 level, there was spinal stenosis with mild bilateral foraminal stenosis. MRI of lumbar spine in 01/31/13 showed spinal stenosis T12 to L4, posterior annular tear L2/L3, diffuse disc protrusion of L3-4, L4-5, L1-2 and L2-3 with neural foraminal narrowing. An electrodiagnostic study of upper extremities in 2013 showed mild chronic left cervical radiculopathy in the C5-C6 distribution and mild left medial sensory neuropathy. His medications included Hydrocodone/APAP 10-325mg, gabapentin 300mg, Hydrocodone/apap 5-325mg, Carisoprodol, Cyclobenzaprine and Nucynta. The progress notes from 06/23/14 were reviewed. Subjective complaints included low back pain with right anterior thigh and dorsal foot pain, neck pain and left shoulder pain. He was currently not working. He reported constant frequent moderate to severe lumbar spine pain causing swelling, clicking, locking, popping, grinding, stiffness and tenderness and rated as a 7-8/10 on a pain scale. He used Celebrex, Norco, Soma, Gabapentin and a TENS unit. He used 5mg Norco 1-2 a day and 10mg Norco 2-3 a day. Pertinent examination findings included tenderness to paracervical muscles, limited cervical and lumbar spine range of motion and negative straight leg raising test. The diagnoses included cervical radiculopathy, L1 and L4 vertebral body compression fracture, degenerative lumbar disc disease and lumbar facet degenerative disc disease (DDD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 5/325mg days supply 30, qty:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78-79.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Nucynta and Norco. There is no evidence that there is functional improvement from taking opioids. His pain level also was 7-8/10. He was reported not to be working. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on functional improvement and lack of efforts to rule out unsafe usage, the criteria for continued use of Hydrocodone APAP 5/325mg #120 have not been met.