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| Case Number: | CM14-0148790 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 09/24/2001 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 08/30/2014 |
| Priority: | Standard | Application Received: | 09/12/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 59-year-old male who reported an injury on 09/24/2001. The diagnosis was a postlaminectomy syndrome of the lumbar spine. The injured worker underwent an MRI and x-rays of the lumbar spine. The mechanism of injury was the injured worker was cutting sheetrock and bent down to pick up a piece of sheetrock from the ground as he stood up he felt a sharp pain in his back. Injured worker's medication history included opiates as of at least 2006. The specific surgical history was not provided. Prior therapies included medications and therapy. The documentation of 08/19/2014 revealed the injured worker had a chief complaint of low back pain. The documentation indicated the injured worker's pain when taking medications was 3/10 and when not taking medications was 8/10. The injured worker was noted to have a spinal cord stimulator in place. The injured worker indicated that with the use of Norco, he had moderate pain and functional improvement including performing basic activities of daily living such as dressing and undressing, functional transfer, personal hygiene and grooming, sitting time, sleeping time and standing and walking time. The current medications were noted to include Relafen 750 mg 1 tablet twice a day, hydrocodone/APAP 10/325 mg 1 every 4 to 6 hours as needed for pain, methadone hydrochloride 10 mg 3 in the morning, 2 at noon, and 2 at night, nortriptyline hydrochloride 1 to 2 tablets at bedtime and Colace 100 mg 1 twice a day. The prescription drug monitoring program revealed the injured worker had been compliant with the opioid the use of opioids and with the contract that was on file. The injured worker had an abnormal posture with moderate flexion of the low back. The injured worker had an awkward gait. The injured worker had decreased range of motion of the lumbar spine. There was a mild tight band, moderate spasm, mild hypertonicity and moderate tenderness along the bilateral lumbar region. The physician documented the condition had remained the same since the last visit. The straight leg raise was moderately positive at the bilateral L4 and L5 as well as S1. The

injured worker had radicular symptomatology. The sensation to light touch was diminished with dysesthesias, hyperpathia, and paresthesias along the bilateral L4, L5 and S1 nerve root distribution. The sensation disturbances remain the same. There was trace weakness on the ankle dorsiflexion and ankle plantar flexion of the right ankle of the right side ankle dorsiflexion and ankle plantar flexion of the left side. There was trace diminished reflexes at 2-/4 at the bilateral medial hamstring and bilateral Achilles. The diagnoses included postlaminectomy syndrome, lumbar; radiculopathy of the lumbar spine; facet arthropathy, lumbar; discogenic pain, lumbar; and lumbar degenerative disc disease. The treatment plan included a continuation of the medications. The physician documented the Norco had been prescribed for breakthrough analgesic effect. There was a specific Request for Authorization submitted for the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and an objective increase in function and there was documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, the cumulative dosing of the methadone and the Norco would be 1,020 mg of daily morphine equivalent dosing. This would not be supported. The duration of use was since at least 2006. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Hydrocodone/APAP 10/325mg #180 is not medically necessary.