

Case Number:	CM14-0045759		
Date Assigned:	07/02/2014	Date of Injury:	11/01/2006
Decision Date:	08/29/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male with a reported date of injury on 11/01/2006. The injury reportedly occurred when the injured worker was unloading a steel plate weighing approximately 500 pounds from a truck and it slid off and knocked him onto his back with the plate on top of him. His diagnoses were noted to include lumbar disc disease, postlaminectomy syndrome to the lumbar spine, lumbar spine radiculopathy, and status post 2 level arthrodesis. His previous treatments were noted to include physical therapy, medications, and surgery. The Progress Note dated 04/09/2014 revealed the injured worker complained of ongoing pain in his low back and aching and burning pain in the left lower extremity with numbness and pins and needle leg sensation. The injured worker rated his pain 6/10 to 8/10. The physical examination of the lumbar spine revealed slight flattening of the lumbar lordosis. There was tenderness on the paraspinal musculature of the lumbar spine on the left and midline tenderness was noted in the lumbar region. There was negative lumbar spasms noted in the lumbar region on the left. The range of motion of the lumbar spine was noted to be diminished and an increase in left leg symptoms on range of motion. Sensation testing was slightly abnormal and motor strength was essentially normal. The deep tendon reflexes were noted to be symmetric and bilateral. The Progress Note dated 06/04/2014 revealed the injured worker complained of ongoing aching pain in the low back and ongoing burning and aching pain in the left leg with a pins and needles like sensation and numbness rated 5/10 to 6/10. The physical examination of the lumbar spine revealed tenderness in the paraspinal musculature of the lumbar region bilaterally with midline tenderness noted in the lumbar region. There was tenderness noted to the mid back and thoracic area. There was no muscle spasms noted. There was a decreased range of motion to the lumbar spine and the sensation testing was slightly abnormal. The motor examination was essentially

normal and deep tendon reflexes were symmetric, equal and symmetric bilaterally. The Request for Authorization Form dated 04/09/2014 was for Hydrocodone/APAP 10/325 mg #60 one every 6 to 8 hours as needed for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

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

Decision rationale: The request for hydrocodone/APAP 10/325 mg, #60 is not medically necessary. The injured worker has been taking this medication since at least 2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status such as increased in activities of daily living. There was no documentation of adverse effects or lack thereof with the use of medications. The documentation indicated that the injured worker had not shown any drug taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screen and when the last test was performed. Therefore, due to the lack of documentation of significant pain relief, increased functional status, absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.