

Case Number:	CM14-0214309		
Date Assigned:	01/07/2015	Date of Injury:	10/15/2011
Decision Date:	03/05/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 51 year old female who sustained a work related injury October 15, 2011. According to an agreed medical examination performed May 1, 2013, the injured workers initial injury occurred after mopping floors. She noted severe pain in the neck and upper back. She was later treated with pain medications and 5 weeks of physical therapy. Treatment continued under other physicians care and she continued to receive pain medication and x-ray, MRI (report dated 1/12/2012 present in medical record) and EMG studies. Following the original injury she was placed on temporary total disability until November 16, 2011, at which time, she was placed on modified duties. She continued working at this capacity until November 23, 2011, at which time her modified duties were changed to work 3 hour shifts. Her employer told her they cannot accommodate her work restrictions and to stay home. She has not returned to work since then. According to a primary treating physician's progress report dated March 13, 2014(the most recent present in this medical record), the injured worker presented with complaints of lumbar spine pain, requesting medication refills and a referral to physical therapy. Physical examination reveals significant spasm of the lower lumbar spine with tenderness over the L4-L5 and L5-S1 area and bilateral SI joints. There is radiation down to bilateral hips. Impression is documented as cervical spine disc herniation at C3-C4 with flattening of cervical spine as well as radiculopathy in C6 distribution; thoracic spine strain; lumbar spine 2-3mm disc bulges at L4-L5 and L5-S1 without spinal canal and neural foramen narrowing. EMG's (not present in medical record) do not show any signs of radiculopathy. Treatment included a request for physical therapy and future medical care of medications, option for injections, and physical therapy. He

further cites the agreed medical examination (May 1, 2013), where the physician declared the injured worker to be permanent and stationary. According to utilization review performed November 22, 2014, the request for Hydrocodone/ APAP 7.5-300mg is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines Hydrocodone/APAP is not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/300mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter, Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe chronic pain when standard NSIADs and PT are not available or have failed. The records indicate subjective, objective, radiological and neurological findings consistent with diagnoses of severe cervical and lumbar radiculopathy. The record did not show that the patient was treated with guidelines recommended anticonvulsant medications, serial epidural injections or surgery. There is no documentation of repeat PT treatments and home exercise programs during exacerbations of the musculoskeletal pain. There is limitation of ADL due to the severity of the pain. There is no documentation of aberrant medication behaviors or adverse effects. The patient is compliant with medication utilization. The criteria for the use of hydrocodone/APAP 7.5/300mg was met.