

Case Number:	CM15-0012484		
Date Assigned:	01/30/2015	Date of Injury:	04/20/2003
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old female who reported an injury on 04/20/2003. The mechanism of injury was not provided. Her diagnoses include degeneration of cervical intervertebral disc, chronic pain syndrome, and postlaminectomy syndrome of the lumbar. Medications included bupropion HCl, Col-Rite, fluticasone, gabapentin, hydrocodone/APAP, lidocaine ointment, Metformin, omeprazole, Opana ER, prednisone, Senna laxative, simvastatin, tizanidine, and Vimovo. Surgical history included knee surgery and lumbar fusion. Diagnostic studies were not provided. Other therapies were noted to include physical therapy. On 12/30/2014, the injured worker was seen for chronic pain. She had knee surgery and started PT. The injured worker states her back pain is worse, and leg pain is worse. The injured worker is walking with a cane, and states walking with a cane aggravates her right hand, wrist, and elbow. The back pain was rated 10/10 without medication and a 4/10 to 5/10 with medication. It interfered with her sleep and was associated with numbness and tingling. Her neck pain radiated to the bilateral upper extremity and was associated with tingling, numbness, and weakness. Upon physical exam, the cervical spine there was tenderness to the paracervicals, the trapezius, and the rhomboids. There was pain elicited with range of motion. There was C8 decreased sensation at the 4th and 5th digits of the ulnar hand and distal forearm, and decreased sensation of the sole of the foot and the posterior leg S1. There was tenderness of the greater trochanter. There was tenderness of the paraspinal region at L4, the iliolumbar region and the piriformis. There was pain with motion. The treatment plan included medication with refills, and a urine

toxicology screen. May consider a spinal cord stimulator down the road. The Request for Authorization was dated 12/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management, Opioids, dosing Page(s): 78, 86.

Decision rationale: The request for Hydrocodone 10/325mg #180 is not supported. The injured worker has a history of back pain. The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence 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 oral morphine equivalents per day. There is a lack of documentation as to the frequency provided within the request. There is a lack of documentation of functional improvement for use of medication. As such, the request is not medically necessary.

Opana ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management, Opioids, dosing Page(s): 78, 86.

Decision rationale: The request for Opana ER 20mg #60 is not supported. The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence 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 oral morphine equivalents per day. There is a lack of documentation of the frequency provided within the request. There is a lack of documentation of functional improvement with the medication. The request is not medically necessary.

Hydrocodone 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management, Opioids, dosing Page(s): 78, 86.

Decision rationale: The request for Hydrocodone 10/325mg #180 is not supported. The the injured worker has a history of back pain. The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence 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 oral morphine equivalents per day. There is a lack of documentation as to the frequency provided within the request. There is a lack of documentation of functional improvement for use of medication. As such, the request is not medically necessary.