

Case Number:	CM15-0123281		
Date Assigned:	07/07/2015	Date of Injury:	06/20/2000
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 66 year old male, who sustained an industrial injury on 6/20/00. The initial diagnosis and symptoms experienced by the injured worker were not included in the documentation. Treatment to date has included home exercise program, assistive device for ambulation, surgery, MRI, nerve conduction study and medication. Currently, the injured worker complains of low back pain rated at 5-6/10 that radiates to his lower extremities with intermittent muscle spasms that affect the lower extremities. He also reports sleep disturbance due to pain and intermittent stomach upset due to pain medications. The injured worker is diagnosed with post L5-S1 lumbar disc surgery with residual lumbar radiculopathy (left greater than right), secondary insomnia due to pain, gastrointestinal upset due to pain medication. His work status is permanent and stationary. The MRI revealed abnormalities in the lumbar spine and the nerve conduction study revealed bilateral L5 lumbar radiculopathy. A note dated 5/15/15 states there is moderate muscle spasms located at the lumbar spine with the left greater than the right. There is also slight muscle tenderness noted as well as decreased range of motion. The injured worker has an altered gait and uses a cane. His sensory reflexes are decreased to the left lateral foot and tops of both feet. Prior examinations dated, 1/27/15, 2/27/15, 4/10/15, all describe the same loss of range of motion, decreased sensory reflexes, altered gait and pain. The medication, Hydrocodone-Acetaminophen 5/325 mg #120, is requested for continued pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of her work injury occurring in June 2000 and continues to be treated for radiating back pain. He has depression, insomnia, and intermittent gastrointestinal upset due to medication use. When seen, pain was rated at 5-6/10. Pain is referenced as well controlled and decreased with medication use. There was decreased range of motion of the lumbar spine with tenderness and muscle spasms. Straight leg raising was positive bilaterally. There was an antalgic gait with forward flexed posture and use of a cane. There was decreased lower extremity sensation with asymmetric lower extremity reflexes. Norco and MSIR were being prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain with documentation of VAS pain scores, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.