

Case Number:	CM15-0128121		
Date Assigned:	07/14/2015	Date of Injury:	06/24/1999
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 (IW) is a 66-year-old male who sustained an industrial injury on 06/24/1999. Diagnoses include shoulder joint pain; lower leg pain; cervical degenerative disc disease; cervical postlaminectomy syndrome; bulging lumbar disc; and cervicgia. Treatment to date has included medication, acupuncture, shoulder steroid injections, chiropractic treatment, lumbar epidural steroid injection (LESI), spinal cord stimulator and H-wave unit. Chiropractic was helpful, as were the LESIs, which reduced his low back pain from 5/10 to 2/10 for nearly two months, but not his radicular pain. He did not do well with the spinal cord stimulator. Electrodiagnostic testing on 4-19-13 indicated ulnar neuropathy and entrapment across the cubital tunnels and wrists and bilateral S1 and right L5 radiculopathy. MRI of the lumbar spine on 9-26-14 showed multilevel disc disease with nerve root impingement at several levels; the most prominent abnormality was at L3-4 where there was concentric spinal stenosis. According to the progress notes dated 6/17/15, the IW reported a flare-up of left lower extremity sciatica pain over the past two weeks due to increased activity. He reported Relafen was working well for his pain. The H-wave unit was only slightly beneficial for his left lower extremity neuropathic pain and it increased his right knee pain. He continued to have pain in the left lower extremity, throughout the buttock, thigh to knee, and burning sensation in the right lower extremity from the knee to the foot. He also complained of bilateral upper extremity aching, soreness and throbbing. His activities included fishing, hunting, mowing with a riding lawnmower and household chores. On examination, his gait was slow and he sat uncomfortably, displaying overt pain behaviors. Range of motion (ROM) was decreased in the neck and the

back; tenderness was present in the back bilaterally, worse on the left. Straight leg raise was positive on the left. Sensory deficits were noted in the right C6-7 dermatomes and in the left L4-S1 dermatomes. ROM was decreased in the right shoulder and the right knee, as well, with tenderness over the posterior aspect of the shoulder. Medications were Nabumetone and Hydrocodone- Acetaminophen. A request was made for Hydrocodone-Acetaminophen 10-325mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75.

Decision rationale: MTUS 2009 states that short acting opioids are an option to treat intermittent breakthrough pain. According to the medical records, the patient was prescribed #15 tablets of Norco DS which lasted approximately 60 days. A higher dose of Norco DS #30 is requested to address increased pain attributed to performing heavy manual labor. Based upon the dose and frequency of use, the Norco appears to be prescribed to treat breakthrough pain. Therefore, in this specific circumstance concerning this patient, the Norco DS #30 appears medically necessary for a one time approval. MTUS 2009 further states that opioids should be discontinued if there is no meaningful functional improvement. Ongoing sustained use of short acting opioids to treat chronic non-malignant pain is not supported by MTUS 2009.