

Case Number:	CM15-0128318		
Date Assigned:	07/14/2015	Date of Injury:	07/11/2000
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
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, Hawaii
 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 64 year old female who sustained an industrial twisting injury to her lower back on 07/11/2000. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar facet arthropathy, sciatica and cervical radiculopathy. The injured worker is status post right shoulder surgery in 2001. No lumbar surgical interventions were documented. Treatment to date has included diagnostic testing, lumbar epidural steroid injections, physical therapy and medications. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience low back pain radiating to both lower extremities. The injured worker rates her pain level at 5-6/10. The injured worker also reports symptoms of bowel and bladder incontinence and sleep disturbance. Evaluation noted a normal non-antalgic gait. No focal weakness of the lower extremities was noted. Sensation was diminished on the left lower extremity. Straight leg raise and facet loading tests were positive bilaterally. Current medications are listed as Opana ER 5mg every 12 hours, Norco 10/325mg every 3 hours as needed, Flexeril, Ambien, and Lidocaine patches. Treatment plan consists of lumbar spine magnetic resonance imaging (MRI), lumbar epidural steroid injection, renewed and signed new opioid contract and the current request for Hydrocodone 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #240: Overturned

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 Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral lower extremities. The current request is for Hydrocodone/Acetaminophen 10/325mg #240. The treating physician report dated 7/14/15 (394B) states, "She states ongoing relief with the use of her Norco in 10mg doses which reduces her pain level to 4-5 or less from flare up of 8-10/10 lasting approximately 3 H." The report goes on to state, No changes were made due to being stable on her current regimen which helps her daily function and without adverse side effects. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 08/1/14 (125B). The report dated 10/28/14 notes that the patient's pain has decreased from 8-10/10 to 4-5/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADLs have improved and she is currently working part time. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.