

Case Number:	CM15-0177574		
Date Assigned:	09/18/2015	Date of Injury:	03/31/2006
Decision Date:	10/21/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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 54 year old male, who sustained an industrial injury on 3-31-06. Medical record indicated the injured worker is undergoing treatment for chronic low back pain and sciatica, long term use of medications, cervical radiculopathy, bilateral sprain of knee and leg, bilateral carpal tunnel syndrome, ulnar nerve lesion and thoracic pain status post T5-6 reconstruction. Treatment to date has included acupuncture treatments, oral medications including Norco 10-325mg (he has utilized a form of hydrocodone since at least 3-4-13) , gabapentin, Lyrica, Amlodipine Besylate and Furosemide 20mg; cane for ambulation and knee brace. On 5-11-15, the injured worker reported Lyrica helped chronic neuropathic pain, however he noted itching with Lyrica and rated his pain 6-8 out of 10. Currently on 7-22-15, the injured worker reports a flare up of low back pain and left shoulder blade pain following acupuncture. He also reports left leg weakness and left knee giving out. He rates the pain 4-6 out of 10. He is currently not working. Documentation dated 7-22-15 noted reduction in pain, maintaining of current functional levels, no side effects and compliance with controlled substances with Norco. Physical exam dated 5-11-15 and 7-22-15 revealed ambulation with a cane, severely limited range of motion in all directions due to pain and guarding, surgical scars of thoracic and lumbar spine and significant allodynia with light touch to the paraspinal areas around the thoracic spine surgical scar. The treatment plan on 7-22-15 included request for left knee brace and Hydrocodone-acetaminophen 10-325mg #90. On 9-3-15 utilization review non-certified a request for Hydrocodone-Acetaminophen 10-325mg #90, noting it is indicated for moderately severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2006 and is being treated for multifocal spine and lower extremity pain. When seen, urine drug screening was performed. He was having pain everywhere rated at 5/10. It was unclear whether acupuncture was helping. A right knee brace was pending. Norco is referenced as reducing pain and allowing for maintenance of functional level. Physical examination findings included an antalgic gait with a cane. There was decreased lumbar range of motion with pain and guarding. There was thoracic spine allodynia. Strength testing and straight leg raising testing was limited due to pain. Medications were refilled including Norco at a total MED (morphine equivalent dose) of 30 mg per day. 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.