

Case Number:	CM15-0179787		
Date Assigned:	09/21/2015	Date of Injury:	08/24/2007
Decision Date:	10/23/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/11/2015

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 61 year old female, who sustained an industrial injury on 8-24-2007. The injured worker was diagnosed thoracic to lumbar spine sprain-strain, knee sprain-strain, right sciatica, failed back surgery. The request for authorization is for: Hydrocodone APAP 10-325 #150. The UR dated 8-15-2015: non-certified the request for Hydrocodone 10-325mg #150. The records indicate she has been utilizing Hydrocodone since at least February 2015, possibly longer. On 4-9-2015, she reported problems with function, sleep, energy, and pain of her foot and ankle. She indicated she was taking pain medications as instructed and the provider noted she was "showing good analgesia with no negative side effects". On 6-11-2015, she reported trying to reduce medications which resulted in reduced function. She indicated she did not want to consider surgery and asked about taking Nortriptyline. Physical examination noted she was a "white female, well-nourished body habitus, appears stated age. In no acute distress". There are no other objective findings noted on this date. On 7-15-2015, she reported weaning herself from Nortriptyline as she felt it was ineffective. She reported back pain rated 7 out of 10 and leg pain rated 5 out of 10. She indicated she requires Norco every 2-2.5 hours per day to maintain a pain level of 5-6 out of 10. She reported continuing an e-stimulator and taking muscle relaxer and Gabapentin for pain and sleep. She indicated she had difficulty performing activities of daily living such as grooming. The medical records do not discuss an opioid contract, aberrant behaviors or adverse side effects with the use of Hydrocodone. The treatment and diagnostic testing to date has included: QME (1-13-2015), medications, multiple chiropractic sessions, multiple physical therapy sessions, lumbar surgery, H-wave, x-rays of the right hip, pelvis and

lumbosacral spine (10-3-2007), magnetic resonance imaging of the lumbar spine (10-27-2007, 10-13-2008, 5-3-2013), left shoulder surgery (4-2011), spinal cord stimulator (4-2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #150: Overturned

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, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2007 and continues to be treated for low back and leg pain. When seen, she was waking up with pain rated at 5-7/10. She was taking Norco every 2-2.5 hours and was finding it difficult to perform activities of daily living. Physical examination findings included decreased lumbar range of motion with lower extremity weakness. There was right lower extremity hyperesthesia and an antalgic gait. Her medications were adjusted. Her MS Contin dose was increased and Norco was continued. The total MED (morphine equivalent dose) was 100 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain and her long acting opioid medication, MS Contin was being appropriately adjusted. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Prescribing Norco was medically necessary.