

Case Number:	CM15-0092741		
Date Assigned:	05/19/2015	Date of Injury:	01/14/2013
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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: Preventive Medicine, 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 is a 34 year old female patient who sustained an industrial injury on 01/14/2013. A primary care office visit dated 10/31/2014 reported the patient with subjective complaint of aching, burning pain in the low back accompanied with numbness and pins sensations rated an 8-9 out of 10 in intensity. She states her pain is worse in the right leg. In addition, she reports having difficulty sleeping, however, the Trazadone does help. Current medications are: Norco 10/325mg 4 times daily, Trazadone half to one 50 mg at HS. She reports the medication reduces the pain from an 8-9 to a 2-3 out of 10 in intensity and improves her sleep. Taking the medications allows her to be more comfortable and sit for longer periods feeling relaxed. She does report feeling nauseous and having night sweats while taking the medications. She also shows an interest in trying a topical cream for pain relief. Objective findings showed there is positive facet challenge in the lumbar spine on the right. There is also tenderness with palpation about the mid lumbar spine. Review of a magnetic resonance imaging study performed on 04/01/2013 revealed mild spondylosis and moderate chronic appearing left paracentral disc extrusion at L5-S1 resulting in moderate left lateral recess stenosis. The following diagnoses are applied: lumbar herniated nucleus pulposus L5-S1; lumbar facet arthropathy, mechanical back pain, and lumbar radiculopathy. The plan of care involved: continuing recommending a medial branch block to the right L5 and S1 facets, and Norco 10/325mg #90, Capsaicin cream #1. Back on 08/21/2014 the patient had completed four sessions of acupuncture with minimal benefit. She has also tried Tylenol, Advil, Naproxen, ASA, and Tramadol without any benefit. She has current complaint of ongoing aching low back

pain. The pain radiates into the bilateral lower extremities and accompanied by numbness, tingling and cramping. She reports sensing more numbness in the feet with prolonged sitting or squatting. There is no change in the treating diagnoses. The plan of care is continued with recommendation for a medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5-325mg tablet, 1 tablet by mouth every 12 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been utilizing opiates on a chronic basis since September, 2013. Despite the chronic use, there is no documentation of significant pain relief, return to work, or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone-Acetaminophen 5-325mg tablet, 1 tablet by mouth every 12 hours is not medically necessary.

Norco 5-325mg #60 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam.

The injured worker has been utilizing opiates on a chronic basis since September, 2013. Despite the chronic use, there is no documentation of significant pain relief, return to work, or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone-Acetaminophen 5-325mg tablet, 1 tablet by mouth every 12 hours is not medically necessary.