MAXIMUS Federal Services

Case Number:	CM13-0006757		
Date Assigned:	03/21/2014	Date of Injury:	08/31/2009
Decision Date:	04/23/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of August 31, 2009. A utilization review determination dated July 24, 2013 recommends non-certification of bone osteoporotic specialist, 1 prescription of Vicodin 7.5/750mg #30, and 1 prescription of Tramadol 50mg #60. The previous reviewing physician recommended non-certification of bone osteoporotic specialist due to lack of documentation ineffectiveness or intolerance to treatment; non-certification of 1 prescription of Vicodin 7.5/750mg #30 and 1 prescription of Tramadol 50mg #60 due to lack of documentation of measurable evidence of functional improvement in terms of return to work, improvement in activities of daily living, or decreased dependency on continued medical treatment as a result of the prior opioid use. A Progress Report dated June 5, 2013 identifies Current Complaints of improvement in his low back pain and right lower extremity radicular pain following his epidural steroid injection. He is noting a specific area of increasing pain with an associated protrusion in his lumbar spine above the region of surgery. When the pain is moderate-to-severe, medications are taken and it appears to be beneficial in reducing the pain levels and allows him to perform his daily activities. Physical Examination identifies an area of point tenderness over the dorsal spine at approximately L2-L3. He continues to have mild bilateral lumbar paraspinous tenderness with muscle spasm present. He has decreased lumbar lordosis. Decreased lumbar ROM (range of motion). Right peroneus longus/brevis 4/5. Hypesthesia in the right L5-S1 dermatome. Achilles reflex is absent on the right, 1+ on the left. Diagnoses identify status post L3-L5 posterior interbody fusion with instrumentation on 5/19/10, L5-S1 7-mm broad-based right paracentral/intraforaminal disc protrusion compressing the traversing right S1 nerve root and mildly compressing the exiting L5 nerve root, and bilateral L5-S1 radiculopathy. Treatment Plan identifies continues Vicodin 5/500 mg q.d. to b.i.d. p.r.n. severe pain #60, Tramadol 50mg two q.d. p.r.n. moderate pain, #60. The patient was counseled

as to the benefits of these medications and the potential side effects. The patient understands that these medications cannot be discontinued abruptly or without professional guidance. A Progress Report dated June 13, 2013 identifies Interval History of T-score two standard deviations below the normal. It is felt that he has significant osteoporosis, which would likely make revision surgery difficult. Discussion identifies he has been started on Fosamax by his primary doctor. He needs to be evaluated by a true bone osteoporotic specialist. Once his osteoporosis has been treated appropriately, then he can undergo surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION WITH A BONE OSTEOPOROTIC SPECIALIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Management and prevention of osteoporosis, page 1

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004), Independent Medical Examination And Cosultaions, page 127

Decision rationale: Regarding the request for evaluation with a bone osteoporotic specialist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it's stated that osteoporotic medication appears to be beneficial, but that the patient's osteoporosis needs to be adequately addressed prior to future surgical treatment. As such, the currently requested evaluation with a bone osteoporotic specialist is medically necessary.

VICODIN 7.5 / 750MG, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Vicodin 7.5/750mg #30, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, medications are noted to decrease the patient's pain and perform his activities of daily living. The patient was counseled on potential side effects and aberrant use. As such, the currently requested Vicodin 7.5/750mg #30 is medically necessary.

TRAMADOL 50MG, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Tramadol 50mg, #60, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, medications are noted to decrease the patient's pain and perform his activities of daily living. The patient was counseled on potential side effects and aberrant use. As such, the currently requested Tramadol 50mg, #60 is medically necessary.