

Case Number:	CM13-0032460		
Date Assigned:	12/11/2013	Date of Injury:	10/10/2012
Decision Date:	03/14/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

The patient is a 50 year old male with date of injury on 10/10/2012. The progress report dated 07/12/2013 indicates that the patient's diagnoses include: (1) Healed calcaneal fracture, (2) Lumbar burst fracture, status post kyphoplasty, (3) Stomach upset, (4) Status post fall with L2 compression fracture with 50% height loss and severe excruciating back pain. The patient continues to complain of low back pain and pain in his right foot. Exam findings indicated tenderness to palpation in midline as well as bilateral paraspinous muscle. Range of motion was limited on flexion at 30 degrees. The patient continued to ambulate with the use of crutches. The patient was continued on Norco for pain relief. The patient reported that he was able to better perform activities of daily living secondary to this medication. Utilization review letter dated 09/26/2013 issued non-certification for the continued use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (hydrocodone/APAP 10/325mg) 1-2 tablets by mouth every 6 hours as needed for pain (max 5/day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-89.

Decision rationale: The patient continues with significant back pain. The treating physician did document on a few occasions that the patient did get pain relief from the Norco. On 10/07/2013, the patient reported pain coming down from a 9/10 to a 6/10 or 7/10, and on 8/09/2013, pain coming down from a 9/10 or an 8/10 down to a 4/10 to 5/10 with medication use. MTUS Guidelines page 88 and 89 regarding long-term use of opioids states that pain should be assessed at each visit and functioning should be measured at 6-month interval using a numerical scale or validated instrument. MTUS page 78 under therapeutic trial of opioids regarding ongoing management recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: Current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The progress reports between 02/13/2013 and 10/07/2013 do not provide any documentation of urine drug screen to indicate that patient has been consistent with taking medications as prescribed. MTUS guidelines recommend urine drug screens to monitor adverse behavior and patient compliance. While the treater addresses pain levels, there is inadequate documentation of the patient's function such as significant change in ADL's, return to work/reduce work limitation. Recommendation is for denial.