MAXIMUS Federal Services

Case Number:	CM13-0033458		
Date Assigned:	12/06/2013	Date of Injury:	09/14/2011
Decision Date:	03/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain associated with an industrial injury of September 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified numbers of epidural steroid injections; psychotropic medications; electrodiagnostic testing on April 4, 2012, notable for chronic left S1 radiculopathy; and transfer of care to and from various providers in various specialties. An earlier progress note of September 10, 2013 is notable for comments that the applicant is unchanged. His activity level is unchanged. His medications are working. He is on Neurontin, Cymbalta, Norco, and Tenormin. His BMI is 34. Blood pressure is 138/82. It is stated that the applicant has filled prescriptions for opioid medications with multiple providers. Acupuncture and Percocet are endorsed. It is stated that the applicant is able to optimize function, decrease pain, and improve performance of activities of daily living such as cooking, cleaning, chores, and yard work as a result of the same. The applicant's blood pressure was 162/98 on a visit of October 29, 2013, it is noted, and was 156/82 on October 1, 2013. On June 11, 2013, the applicant's blood pressure was 140/82.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the attending provider has not clearly stated why the applicant needs to employ two separate short-acting opioids here. No rationale for concomitant usage of Percocet and Norco has been proffered. Therefore, the request is not certified.

Atenolol 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), Drug Summary, Tenormin.

Decision rationale: The MTUS does not address the topic of atenolol usage. As noted in the PDR, however, atenolol or Tenormin is indicated either as monotherapy or combination therapy for hypertension. In this case, the several elevated blood pressure readings referenced above do suggest that the applicant in fact carries a diagnosis of hypertension for which usage of atenolol is indicated, although it does not appear that the attending provider has ever formally listed hypertension as one of the operating diagnoses here. Nevertheless, atenolol is an appropriate treatment for the claimant's evidenced diagnosis of hypertension. Therefore, the request is certified.