MAXIMUS Federal Services

Case Number:	CM13-0039460		
Date Assigned:	12/18/2013	Date of Injury:	03/30/2011
Decision Date:	07/31/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/28/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arozona. 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 41-year-old who sustained a work related injury on March 30, 2011. The injury occurred when the patient's leg was caught in a grain auger while he was sweeping in between auger holes. The patient described the incident; it chewed my right leg while I was walking. The patient was immediately taken to surgery to revise the traumatic amputation with the decision to amputate the limb below the knee as it was partially done at the time of injury. Afterward, he suffered an infection of the stump that prevents both proper fitting and use of a prosthetic device. He suffered a fall at home while attempting to get into the bathtub that caused trauma to his stump. For some time he did not have a properly fitting prosthetic device that lead to compensatory change in his gait causing both right and left knee and lower back pain. He would later have a stump revision to provide for surgical remodeling. In the interim of awaiting his surgical procedure, he suffered numerous stump sores and infections and had numerous rounds of antibiotic treatments. Recommendation from two separate orthopedic surgeons specializing in amputation, advised against further revision because the short stump that remains is 'at the minimal length for a functional transtibial amputation at this time.' They suggested conversion to above the knee amputation but the patient declines to undergo. His discomfort at his stump is attributed to excessive pivoting in the prosthetic socket because the stumps shortened length. The patient ambulates with a cane and continues to experience bilateral knee and lower back pain. A lumbar MRI performed in July of 2012 demonstrates a L3-4 paraforaminal bulge with mild to moderate stenosis, but small bulges at the L2-3 and L5-S1 levels. In dispute is the decision for Norco, 10/325mg, two by mouth three times a day, #180 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 180 count with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75, 88, 91.

Decision rationale: Short-acting opioids, also known as normal-release or immediate-release opioids, are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (greater than 5mg/tab) and acetaminophen (greater than 500mg/tab) the recommended dose is usually one tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than sixteen weeks), but also appears limited. Hydrocodone/Acetaminophen (Norco) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than six months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at six month intervals using a numerical scale or validated instrument. In this case, the patient has an ongoing pain issue because of mal-fitting prosthesis with musculoskeletal compensation as result. The request for Norco 10/325 mg, 180 count with one refill, is medically necessary or appropriate.