

Case Number:	CM13-0041137		
Date Assigned:	12/20/2013	Date of Injury:	10/07/2004
Decision Date:	02/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 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 59 year-old male painter who injured himself at work on 10/7/04 when he fell from a scaffold, landing on his left side, injuring his left shoulder and ankle. He underwent surgery on the left ankle. The 8/12/13 report from [REDACTED] shows a diagnosis of: pain in joint, shoulder; and pain in joint, ankle, foot. The IMR application shows a dispute with the 9/19/13 UR decision. The 9/19/13 UR decision is from [REDACTED] and is based on the 8/12/13 medical report, and modifies the request for Hydrocodone 5/325mg #30 to allow #20, and modifies 6 follow-up pain management visits to 1 visit between 8/12/13 and 11/16/13, and denies the use of topiramate 25mg. There was an 8/13/13 appeal letter by [REDACTED] for some topical creams, and in the report, [REDACTED] reports the patient failed SNRI, and gabapentin, PT, acupuncture, coping mechanisms, FRP and left ankle surgery. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 1 prescription of Hydrocodone/bit/apap 5/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Long-Term Opioid use Page(s): 88-89.

Decision rationale: The 7/25/13 report from [REDACTED] states the patient has Norco 5/325mg that he takes 1/day as needed for pain, but he was prescribed the Butrans 5mcg patch as it is longer acting, and he will stop his oral medication on the third day as it takes about 3-days to reach a steady state in regard to transdermal medication. [REDACTED] states he will discontinue 5/325mg hydrocodone after he starts the patch if it is effective. The 8/12/13 report from [REDACTED] states the Butrans patch had not been approved so he will continue with 5/325mg hydrocodone. The 9/19/13 UR letter approved the Butrans patch and modified the hydrocodone from #30 to #20. The 9/24/13 report from [REDACTED] states the patient did receive the Butrans patch and that they did help reduce his pain, so he will discontinue the Norco. The issue before me, is whether the 30 tablets/Norco were necessary in the timeframe where [REDACTED] was unsure if a trial of Butrans patches would be approved or if it would be effective on his patient. MTUS states "treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition." Norco had been effective for quite some time, but it was not known if Butrans would help, or whether it would even be approved. Under these circumstances, it appears the prescription of Norco 5/325mg #30 prn was in accordance with MTUS guidelines.

Decision for 6 follow up office visits for pain management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Long-Term Opioid use Page(s): 88-89.

Decision rationale: For management of opioid medications, MTUS, long-term users of opioids states: "There is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months." The request as written is "6 additional follow-up visits with [REDACTED] for pain management" does not list the frequency of the 6 visits, so the duration between visits cannot be compared to the MTUS recommendations. The incomplete request cannot be verified to be in accordance with MTUS recommendations.

Decision for 1 prescription of Topirarnate 25mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: MTUS states Topamax is "still considered for use for neuropathic pain when other anticonvulsants fail" The records show the patient has tried and failed gabapentin/Neurontin in the past. The request is in accordance with MTUS guidelines.