MAXIMUS Federal Services

Case Number:	CM13-0043230		
Date Assigned:	12/27/2013	Date of Injury:	01/10/2007
Decision Date:	02/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 &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 claimant is a 63-year-old female, with a date of injury 01/10/2007. The request for Norco was denied per utilization review letter 10/23/2013 with a rationale that the medical information did not document that this was coming from a single practitioner and has taken as needed and lowest possible dose is being prescribed. 06/04/2013 report by [redacted] has the patient presenting with chronic low back pain with pain radiation in both lower extremities, who continues to use medication for pain relief. Listed medications include fentanyl patches 50 mcg, gabapentin, Norco #30, Topamax, venlafaxine, Advair, felodipine, and hydrochlorothiazide (HCTZ). Listed diagnoses are lumbar disk displacement without myelopathy, degeneration of lumbar disk, and long-term use of medications. MRI lumbar spine 07/01/2013 showed facet arthropathy at L5-S1 and degenerated disk at L5-S1 with broad-based disk protrusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective review for prescription of Hydrocodone/APAP 10-325mg for dos 6/4/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: This patient presents with chronic low back and lower extremity pains. MRI demonstrated disk protrusion at L5-S1. The patient does have radicular symptoms and apparently had another injury with the fall at work on 01/09/2013. She is continuing to work. The request is for Norco #30 to be used for breakthrough pain. The patient is already on fentanyl patches and a list of other medications. Reports were reviewed from 01/09/2013 to 09/19/2013 by [redacted]. He reports that the patient's pain goes from 9/10 to 10/10 down to 7/10 to 8/10 with use of medications. He does not specify for which medications though. He also does not describe how the Norco is used, but we are addressing #30 per month. Review of other reports states that patient is working. These are documented in 01/31/2013 report, 02/28/2013 report, which states that use of medications helps with work. 06/21/2013 report states that the medications are used for pain relief. Although the treating physician's documentations are lacking in many respect, given the patient's work status, which is considered highest form of functional achievement in injured workers, recommendation is for authorization of the request of the Norco. MTUS Guidelines require pain assessment, documentation of function, and numerical assessment of functioning for chronic use of opiates. In this case, these requirements appeared to have been met. Recommendation is for authorization.