

Case Number:	CM13-0043783		
Date Assigned:	12/27/2013	Date of Injury:	10/29/2007
Decision Date:	08/01/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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:

The patient is a 59-year-old male with a date of injury of 10/29/2007. The listed diagnoses per [REDACTED] dated 09/24/2013 are: HNP L4-L5 and L5-S1, Facet arthropathy of lumbar spine, Right ankle degenerative joint disease, status posts ORIF by [REDACTED] in 2008. According to this report, the patient complains of low back pain that he rates 8/10 to 9/10 on the pain scale. He notes bilateral lower extremity numbness with tingling and pain to the feet. The patient is currently taking MS Contin 15 mg 2 times per day, Zanaflex 4 mg 1 per day, Senna 2 per day, and Norco 10/325 mg 7 to 8 per day. He states that his medications help decrease pain and denies any side effects to the medications. He states that the medications help improve his function. He is able to walk longer, sit longer, and stand longer after taking the medications. The objective findings show tenderness to palpation over the lumbar paraspinals. Gait is normal and non-ataxic. Range of motion of the lumbar spine is decreased in all planes. There is decreased L4, L5, and S1 dermatome to pinprick and light touch. The utilization review did not grant the request on 10/17/2013. The provider also references a CURES report dated 09/24/2013, which is consistent with the patient's prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #225: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting Norco 10/325 mg #225. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of the MTUS requires pain assessment that requires current pain; the least reported pain over the periods since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, the 4As for ongoing monitoring are required, which includes Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The report dated 08/27/2013 documents medication efficacy stating, He does state the medication itself decrease pain and denies any side effects with the medications. He notes the MS Contin allows him to function. He states that it helps decrease the pain from a 9/10. He states that the Norco and the MS Contin help decrease the pain from 9/10 to a 5/10 on the pain scale. They help improve his activity level, sit longer, stand longer, and walk longer. He is also able to do more daily activities including washing dishes, etc. In this case, the provider provides analgesia, ADL's and aberrant side effects documentations. Aberrant drug seeking behavior, however, is not documented well. Furthermore, outcome measures including current pain, average pain, least pain, time it takes for medication to work, etc, are not documented as required by the California MTUS. Therefore, the request is not medically necessary.

Senna #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting Senna #60. The MTUS Guidelines page 77 under initiating therapy states that prophylactic treatment of constipation should be initiated when opioids are being prescribed. The patient's current list of medications includes MS Contin, Zanaflex, Norco and Senna. The progress report dated 08/27/2013 documents; He states that the Senna helps reduce his medication-induced constipation. In this case, MTUS guidelines support the prophylactic use of constipation medications for patients who are on opiates. Therefore, the request is medically necessary.

Vocational Rehab: 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 Official Disability Guidelines (ODG), Return to work.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting vocational rehab. The MTUS and ACOEM Guidelines do not address this request. However, Official Disability Guidelines on return to work states that it is recommended. The strongest medical evidence regarding potential therapies for low back pain indicates that having the patient return to normal activities has the best long-term outcome. The progress report dated 09/24/2013 documents that the patient is functionally improved while on medications and is willing and open to vocational rehabilitation and return to the workforce. In this case, Official Disability Guidelines does recommend return to work and the requested rehabilitation is reasonable. Therefore, the request is medically necessary.