

Case Number:	CM13-0045692		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2012
Decision Date:	04/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/24/2013

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 & 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 58 year-old male who was injured on 6/25/12. He has been diagnosed with multilevel disc herniations in the cervical spine with moderate-to-severe foraminal narrowing; facet arthropathy in the cervical spine; s/p AP fusion from L4 to S1 in 1986; severe facet arthropathy at L3/4; history of DVT; and history of osteomyelitis of the right knee. According to Final Determination Letter for IMR Case Number CM13-0045692 3 the 9/23/13 orthopedic report from [REDACTED], the patient presents with 8/10 neck and back pain. He had been approved for a CESI and lumbar MBB. He continues with Coumadin by his PCP. He still uses Norco 10/325mg 3-5x/day, and it helps decrease pain significantly and improves his activities and walking distance. The orthopedist recommended Norco 10/325, 3-5/day, #135; amitriptyline; and Norflex. On 10/15/13 UR recommended weaning of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #135: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention / Pain Outcomes And Endpoints Page(s): 11, 8-9.

Decision rationale: The patient presents with 8/10 neck and back pain. The physician notes the Norco helped the pain significantly and improved the patients activity and function including walking distance. MTUS requires treatment of pain stating that duration of the treatment shall be consistent with the definition of chronic pain as set forth in Section 9792.20(c) and page 1 of these guidelines, and the 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. MTUS states to continue treatment, the physician must report functional improvement. MTUS states that when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The physician has reported decreased pain and increased function and improved quality of life. This is a satisfactory response. MTUS does not require weaning or discontinuing treatment that is providing a satisfactory response.