

Case Number:	CM13-0051312		
Date Assigned:	12/27/2013	Date of Injury:	06/24/2006
Decision Date:	08/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was noted to be taking narcotics since April 2013 (15 months to date). However, given the 2006 date of injury, the exact duration of opiate use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. There is no clear indication for continued opioid use. Therefore, the request for 80 tablets of Norco 10/325 mg is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

80 Tablets of Norco 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chapter: On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was noted to be taking narcotics since April 2013 (15 months to date). However, given the 2006 date of injury, the exact duration of opiate use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. There is no clear indication for continued opioid use. Therefore, the request for 80 TABLETS OF NORCO 10/325MG is not medically necessary.

80 Tablets of Percocet 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chapter: On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was noted to be taking narcotics since April 2013 (15 months to date). However, given the 2006 date of injury, the exact duration of opiate use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. There is no clear indication for continued opioid use. Therefore, the request for 80 tablets of Percocet 10/325 mg is not medically necessary.

14 Day Rental of A Deep Vein Thrombosis (DVT) Prophylaxis Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg: Venous Thrombosis.

Decision rationale: The CA MTUS does not specifically address venous thrombosis. Per the strength of evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG states that in patients at a high risk of developing venous thrombosis, providing prophylactic measures, such as consideration for anticoagulation therapy, is recommended. The risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. The UK National Institute for Health and Clinical Excellence has issued new guidance on the prevention of venous

thromboembolism. They primarily recommend mechanical methods of VTE prophylaxis. Although mechanical methods do reduce the risk of DVT, there is no evidence that they reduce the risk of pulmonary embolism or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. In this case, the medical records showed that a surgical procedure was planned. However, this request was denied. There was also no evidence that the patient was at high risk for venous thrombosis. Since the intended surgery was deemed not medically necessary, then the request for 14 day rental of a deep vein thrombosis prophylaxis unit is also not medically necessary.