

Case Number:	CM13-0060615		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2006
Decision Date:	03/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 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:

This is a 26 year-old male with a 6/22/06 industrial injury claim. According to the 10/4/13 report from [REDACTED], the impression is: history of disc disruption, lumbar spine, now s/p L3/4 interbody fusion 2/2010 with improvement by ongoing back pain, bilateral gluteal pain and paresthesia to BLE; residual L4/5 and L5/S1 disc pathology; left hemipelvis pain, possible left trochanteric bursitis; residual pain somewhat related to SI joint dysfunction or feet disorder; left Achilles injury with intrinsic heel pain followed by [REDACTED]. [REDACTED] recommended continuing Norco and Exalgo. He stated the patient has been doing well with Exalgo. On 11/21/13 CID UR denied these.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (...Norco...).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain Outcomes and Endpoints Page(s): 8-9; 127.

Decision rationale: The patient presents with lwo back and lower extremity pain. I have been asked to review for use of Norco and Exalgo. The 12/2/13 report states the patient would like to wean off medications, but there is no discussion of medication efficacy. 6-months of records were reviewed back through 6/12/13. None of the available reports discussed efficacy of the medication, or provided a pain assessment, or functional assesement to determine whether medications have reduced the pain, or improved function. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" , and on page 8 states "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." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco or Exalgo. MTUS does not recommend continuing treatment if there is not a satisfactory response.

Exalgo 16mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exalgo (Hydromorphone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain Outcomes and Endpoints Page(s): 8-9; 127.

Decision rationale: The patient presents with lwo back and lower extremity pain. I have been asked to review for use of Norco and Exalgo. The 12/2/13 report states the patient would like to wean off medications, but there is no discussion of medication efficacy. 6-months of records were reviewed back through 6/12/13. None of the available reports discussed efficacy of the medication, or provided a pain assessment, or functional assesement to determine whether medications have reduced the pain, or improved function. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" , and on page 8 states "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." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco or Exalgo. MTUS does not recommend continuing treatment if there is not a satisfactory response.