

Case Number:	CM13-0062722		
Date Assigned:	01/03/2014	Date of Injury:	08/09/2013
Decision Date:	04/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for low back, hip, and facial pain reportedly associated with an industrial injury of August 9, 2013. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; long and short-acting opioids; and extensive periods of time off of work. In a Utilization Review Report of November 19, 2013, the claims administrator partially certified Norco and Duragesic, stating that it did not appear that the applicant has affected any lasting benefit through prior usage of the same. The MTUS Chronic Pain Medical Treatment Guidelines were cited. On August 14, 2013, the applicant was described as having tripped and fallen on wet flooring. The applicant was seen in the Emergency Department and reportedly had negative CT scans of the head, chest, and abdomen. X-ray is reportedly negative for hip fracture. A subsequent progress note of December 5, 2013 is notable for comments that the applicant reports persistent back and leg pain. The applicant states that Duragesic 25 mcg is not providing adequate pain relief. The applicant has electrodiagnostic evidence of radiculopathy noted on EMG testing of November 27, 2013. An antalgic gait was appreciated with 5/5 lower extremity strength and moderate-to-severe lumbar tenderness. Duragesic 15 mcg, Norco, and Lidoderm patches were endorsed to treat the applicant's reportedly acute sacral fracture and remote lumbar compression fracture while the applicant was placed off of work, on total temporary disability. The applicant's pain was described as "intractable." In a handwritten appeal letter of November 23, 2013, the applicant states that she has not received much in the way of treatment other than medications. She states that she is only using Norco occasionally for breakthrough pain but would like to have it available for breakthrough purposes. The applicant states that she resents the claims administrator's questioning of the medications. The applicant states that Duragesic is the only thing that is ameliorating her pain, she states. The applicant again points to her having fractured

the sacrum and reiterates that Duragesic is the only thing that has provided her with some measure of pain relief. Large portions of the applicant's statement are not entirely legible and difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, pages 47 and 48, opioids should be used "only if needed for severe pain" and only for a short time. In this case, the request is seemingly initiated a few months after the date of injury. The applicant was having issues with severe pain. The applicant is an elderly individual (over 70) who has apparently suffered some sort of a compression fracture of the spine or sacrum. A short, limited course of Norco to combat the applicant's severe pain is indicated, appropriate, and supported by ACOEM. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review. It is incidentally noted that ACOEM is a more appropriate selection than MTUS Chronic Pain Medical Treatment Guidelines cited by the claims administrator here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic pain is any pain which "persists beyond the anticipated time of healing." In this case, the applicant is an elderly individual (over 70) who has apparently sustained some sort of a sacral or vertebral compression fracture. It is too soon to necessarily place her in the chronic pain rubric, particularly when she has not had much in the way of treatment, as she states. Therefore, ACOEM is cited preferentially over the MTUS Chronic Pain Medical Treatment Guidelines here.

FENTANYL 50 MCG QTY 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: As with the request for Norco, the MTUS-adopted ACOEM Guidelines in Chapter 3, pages 47 and 48 do support usage of opioids for as short a period of time in the treatment of severe pain. In this case, the applicant is an elderly individual who is apparently having severe pain associated with contusion injury/compression fracture type injury. Her pain is reportedly severe and refractory to other treatments, as she wrote in her appeal letter. A

limited amount of Duragesic to combat the same is therefore indicated and appropriate. Therefore, the request is certified, on Independent Medical Review.