MAXIMUS Federal Services

Case Number:	CM13-0065475		
Date Assigned:	01/15/2014	Date of Injury:	11/02/1996
Decision Date:	04/23/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 Georgia. 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 claimant is a 47 year old female presenting with low back pain and leg pain following a work related injury on 11/02/1996. On 1/23/2013, the claimant reported leg pain with swelling, knee pain, upper and lower pain as well as pain across the shoulders. The pain was associated with left foot with numbness. The pain is relieved some with H-packs. The claimant has tried physical therapy, rest, elevation of the leg and prescription medication to relieve the pain. The physical exam revealed limited range of motion in the cervical and lumbar spine in all planes, decreased sensory to light touch along the L4, L5 and S1 dermatome bilaterally, ankle swelling with decreased range of motion, positive straight leg raise and tight hamstrings. The claimant was diagnosed with degenerative lumbar intervertebral disc, thoracic/lumbosacral neuritis, muscle spasm, degeneration of the cervical intervertebral disc, cervical spinal stenosis, other sympathetic referable back and lumbago. The claimant's medications include Kadian, Bupropion, Amitriptyline, Methocarbamol, and Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF NORCO 10/325MG, #180, WITH THREE (3) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

Decision rationale: One prescription of Norco 10/325mg #180 with 3 refills is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF KADIAN 80MG, #120, WITH THREE (3) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: One prescription of Kadian 80 mg #120 with 3 refills is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Additionally, the claimant is already on a controlled release opioid, Opana ER; therefore, the requested medication is not medically necessary.