MAXIMUS Federal Services

Case Number:	CM13-0072318		
Date Assigned:	01/08/2014	Date of Injury:	08/23/2007
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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 Emergency Medicine, and is licensed to practice in New York and 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:

The patient is a 55-year-old male who was injured on August 23, 2007 when he fell through a hole in the roof, landing on his right side. The patient continued to experience pain in his right ribs, pelvis, right arm, and lower back radiating into his right hip and leg. Physical examination showed tenderness over the paraspinal musculature and right sacroiliac jount. Diagnoses included right shoulder sprain/strain and lumber sprain/strain. Treatment included sacroiliac injection, and medications. The patient continued to experience Requests for authorization for Norco 10/325mg # 90 and one crutch were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 740-06.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the

patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been taking Norco since at least December 2012. Duration of use is long-term, but there is no documentation that the patient has signed an opioid contract or had random urine drug testing. Criteria for long-term opioid use have not been met. The medication should not be authorized.

One crutch: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Walking Aids

Decision rationale: Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. The ODG gives no preference to canes or walkers. The patient was already using a cane. There was no documentation that the patient's cane was insufficient to meet the patient's needs. In addition using only one crutch may cause overuse of the arm being and the patient was already experiencing pain in his right upper extremity. Medical necessity has not been established.