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| Case Number: | CM14-0103827 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/25/2001 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 66-year-old male with a 4/25/01 date of injury. A specific mechanism of injury was not described. According to a report dated 4/23/14, the patient presented with left shoulder pain rated a 6/10, right hip pain rated a 4-5/10, low back pain rated a 4-5/10, right shoulder pain rated a 4/10, bilateral hand pain rated a 7/10, and left foot pain rated a 6/10. He has been taking Celebrex, hydrocodone, Prozac, and anti-anxiety medication, which are all helping to decrease his symptoms. Objective findings: tenderness from the thoracolumbar spine down to the base of pelvis, slight tightness over bilateral paralumbar musculature, tenderness over the buttocks, limited lumbar range of motion, swollen and tender trochanteric region of right hip, limited right hip range of motion, weak motor power strength, positive right Trendelenburg test. Diagnostic impression: multilevel cervical discopathy, status post left shoulder arthroscopy, multilevel lumbar discopathy, right hip Paget's disease with sprain/strain, tear of left biceps, status post left knee arthroscopy (4/17/09), status post reconstructive surgery of the right hip, status post left foot amputated toe. Treatment to date: medication management, activity modification, surgery. A UR decision dated 6/5/14 denied the requests for Norco and orthopedic re-evaluation. Regarding Norco, there was mention that the patient's medications were helping to decrease symptoms, however, specifically, there was no clear detail provided as to what specific overall functional benefit has been achieved with the Norco as opposed to functionality without it. The long-term use of opioids for chronic pain is not supported in the guideline criteria. Regarding orthopedic re-evaluation, there was no clear detail provided as to why this is required. There was mention that the patient was status post reconstructive surgery of the right hip, however, there was no mention of any particular problems that have occurred postoperatively at the hip region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP (Norco) 10/325 mg #120 with Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of Opioids, Hydrocodone / Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone / APAP (Norco) 10/325 mg #120 with Two Refills is not medically necessary.

Orthopedic Re-Evaluation with Six Weeks: 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), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. However, in the present case, a specific rationale was not provided as to why an orthopedic re-evaluation is necessary. There was no documentation regarding how this would be helpful in the overall treatment plan and what specific issues still need to be addressed to support the need for this particular re-evaluation. Therefore, the request for Orthopedic Re-Evaluation with Six Weeks is not medically necessary.