

Case Number:	CM14-0112617		
Date Assigned:	08/01/2014	Date of Injury:	08/18/2012
Decision Date:	10/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 33-year-old male who has submitted a claim for lumbago and lumbar disc disorder with myelopathy associated with an industrial injury date of 08/18/2012. Medical records from 05/30/2013 to 02/26/2014 were reviewed and showed that patient complained of low back pain graded 5-7/10. Physical examination revealed a normal gait, ambulatory without device, tender L4-5 lumbar paraspinals, decreased lumbar ROM, intact MMT, sensation, and DTR of lower extremities, negative SLR test bilaterally, and positive lumbar facet loading on the right. MRI of the lumbar spine dated 02/25/2013 revealed L4-L5 annular fissure with a small focal central disc protrusion with no neural impingement and T12-L1 focal central disc protrusion without resulting neural impingement. Treatment to date has included radiofrequency ablation (12/20/2013) Morphine, Norco 10/325mg (quantity not specified; prescribed since 05/30/2013), Percocet 10/325mg (quantity not specified; prescribed since 05/30/2013), and physical therapy. Of note, there was no documentation of functional outcome from pain medications. Utilization review dated 06/20/2014 denied the request for functional restoration program because the criteria have not been met by the patient. Utilization review dated 06/20/2014 denied the request for Percocet 10/325mg #50 because there was no documentation of a risk assessment profile. Utilization review dated 06/20/2014 modified the request for Norco 10/325mg #56 with 6 refills to Norco 10/325mg #60 with 0 refills for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Page(s): 30-32.

Decision rationale: As stated on pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient complained of low back pain which prompted request for functional restoration program. However, the medical records submitted for review were from 05/30/2013 to 02/26/2014. Hence, the patient's current clinical and functional status is unknown. Therefore, the request for Functional Restoration Program is not medically necessary.

Norco 10/325mg #56 with 6 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): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Norco 10/325mg (quantity not specified) since 05/30/2013. However, the medical records submitted for review were from 05/30/2013 to 02/26/2014. Hence, the patient's current clinical and functional status is unknown. Therefore, the request for Norco 10/325mg #56 with 6 refills is not medically necessary.

Percocet 10/325mg #50: 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): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Percocet 10/325mg (quantity not specified) since 05/30/2013. However, the medical records submitted for review were from 05/30/2013 to 02/26/2014. Hence, the patient's current clinical and functional status is unknown. Therefore, the request for Percocet 10/325mg #50 is not medically necessary.