

Case Number:	CM14-0137769		
Date Assigned:	09/05/2014	Date of Injury:	06/13/2013
Decision Date:	11/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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:

This is a 48-year-old male with a 6/13/13 date of injury. The mechanism of injury occurred when he slipped and fell at work. According to a progress report dated 7/7/14, the patient was seen for a follow-up examination. He stated that his lower back pain has gotten worse over the last 3 weeks and he felt weak in his right lower extremity. He is status post anterior posterior spinal fusion lumbar spine L5-S1 with decompression on 3/4/14. Objective findings: weakness of the tibialis anterior as well as of the EHL, weakly positive straight leg raise, tenderness at L4 through S1 along the incision, mild swelling of the right lower extremity compared to the left side. A duplex ultrasound of the lower extremities was ordered by the provider to rule out DVT in the right lower extremity. Diagnostic impression: spondylolisthesis/pars defect L5-S1 with broad-based disc protrusion and foraminal stenosis L5-S1. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 7/29/14 denied the requests for Norco and Tramadol-APAP 37.5/325mg and modified the request for Duplex ultrasound to a Doppler ultrasound. Given the patient's history of recent surgery and positive objective findings, the request for ultrasound to rule out DVT in the right lower extremity would appear to be medically necessary and appropriate, however is modified to certify a Doppler ultrasound. Regarding Norco and Tramadol-APAP, documentation does not identify measurable analgesic benefit (VAS scores) with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duples Ultrasound of lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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) Knee and Leg Chapter - Venous Thrombosis

Decision rationale: CA MTUS does not address this issue. Patients with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins (2-point ultrasonography) or the entire deep vein system (whole-leg ultrasonography). The latter approach is thought better to be based on its ability to detect isolated calf vein thrombosis; however, it requires skilled operators and is mainly available only during working hours. These two ultrasound-based evaluations, both with their advantages and disadvantages, are about equally effective at guiding the management of patients with suspected lower-extremity deep-vein thrombosis (DVT). However, the use of 2-point ultrasonography to diagnose DVT frequently requires repeated testing in 1 week to detect calf DVT, which can extend to the proximal veins. Whole-leg Doppler ultrasonography generally obviates this requirement, making 1-day testing possible. In the present case, the provider has requested a duplex ultrasound of the lower extremities to rule out DVT in the right lower extremity. It is noted that the patient is at a risk for venous thrombosis due to his recent surgery and objective findings of leg swelling. However, the previous UR decision dated 7/29/14 modified this request to certify a Doppler ultrasound. A specific rationale was not provided as to why this patient requires a Duplex ultrasound instead of the certified Doppler ultrasound. Therefore, the request for Duplex Ultrasound of Lower Extremities is not medically necessary.

Norco 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 OPIATES 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. Furthermore, it is noted that the patient is also taking Tramadol-Acetaminophen 37.5/325mg. Guidelines do not support the concurrent use of multiple

short-acting opioid analgesic medications. Lastly, the quantity of medication requested was not noted. Therefore, the request for Norco 10/325 is not medically necessary.

Tramadol-Acetaminophen 37.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 OPIATES 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. Furthermore, it is noted that the patient is also taking Norco 10/325. Guidelines do not support the concurrent use of multiple short-acting opioid analgesic medications. Lastly, the quantity of medication requested was not noted. Therefore, the request for Tramadol-Acetaminophen 37.5/325mg is not medically necessary.