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| Case Number: | CM14-0140168 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 10/13/1997 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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 Preventive Medicine 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:

According to the records made available for review, this is a 67-year-old male with a 10/13/97 date of injury, and cervical anterior listhesis C4-5, cervical decompression and fusion C3-4, C4-5, cervical C5-6, C6-7 anterior discectomy and fusion, and anterior posterior decompression at L2-3, L4-5 on unspecified date. At the time (7/30/14) of request for authorization for Norco 10/325 mg QTY: 120.00, Motorized Scooter QTY: 1.00, and Oxycontin ER 30mg QTY: 90.00, there is documentation of subjective (severe neck and radiating lower back pain) and objective (restricted range of motion of the lumbar spine with increased pain, muscle guarding over the lumbar spine, and bilateral decreased sensation to the knee distally) findings, current diagnoses (cervical spondylosis with myelopathy, cervical spinal stenosis, cervical vertebral fusion and status post lumbar fusion), and treatment to date (medications (including ongoing treatment with Norco and Oxycontin)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 120.00: 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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis with myelopathy, cervical spinal stenosis, cervical vertebral fusion and status post lumbar fusion. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg, QTY: 120.00 is not medically necessary.

Motorized Scooter QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 132.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair, as criteria necessary to support the medical necessity of Motorized Wheelchair or Scooter. Within the medical information available for review, there is documentation of diagnoses cervical spondylosis with myelopathy, cervical spinal stenosis, cervical vertebral fusion and status post lumbar fusion. In addition, there is documentation wheel chair use. However, there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, that the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Based on the guidelines and a review of the records provided, the request for a Motorized Scooter, QTY: 1.00, is not medically necessary.

Oxycontin ER 30mg, QTY: 90.00: 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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis with myelopathy, cervical spinal stenosis, cervical vertebral fusion and status post lumbar fusion. In addition, there is documentation of ongoing treatment with oxycontin. However, there is no documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefits or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin ER 30mg QTY: 90.00 is not medically necessary.