MAXIMUS Federal Services

Case Number:	CM14-0033128		
Date Assigned:	06/20/2014	Date of Injury:	04/15/1997
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation 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:

The patient is a 58 year old female who was injured on 04/15/1997. The mechanism of injury is unknown. Prior treatment history has included lumbar epidural steroid injection. Prior medication history as of 12/12/2013 included Norco 10/325 mg, Medrol Dosepak, Genocin, and Laxacin. A urine drug screen dated 08/13/2013 revealed hydrocodone and barbiturates were prescribed and detected in the drug screening. Codeine and Morphine were detected but not prescribed. A progress report dated 12/12/2013 indicates the patient presents with complaints of chronic low back pain status post lumbar fusion and chronic cervical spine pain. On exam, muscle strength was normal at 5/5. There is tenderness to palpation over the L3-S1 lumbar facet joint. There is pain with extension and lateral rotation bilaterally. Diagnoses are status post lumbar fusion with subsequent hardware removal, lumbar discogenic disease. The patient's medications were refilled which included Norco 10/325, Medrol Dosepak, Genocin and Laxacin. The patient was awaiting an authorization for another injection which she stated helped a lot. Prior utilization review dated 02/19/2014 states the request for Norco 10/325 #180 was partially certified to 140 due to a lack of documented functional improvement. The request for Medrol Dosepak was not certified as medical necessity for long-term use of steroids has not been established. The request for Genocin was not certified as sufficient information has not been provided to establish medical necessity. The request for an injection was not certified as insufficient information has been provided to establish medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Quantity: 180: 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: The patient is a 58 year old female who was injured on 04/15/1997. The mechanism of injury is unknown. Prior treatment history has included lumbar epidural steroid injection. Prior medication history as of 12/12/2013 included Norco 10/325 mg, Medrol Dosepak, Genocin, and Laxacin. A urine drug screen dated 08/13/2013 revealed hydrocodone and barbiturates were prescribed and detected in the drug screening. Codeine and Morphine were detected but not prescribed. A progress report dated 12/12/2013 indicates the patient presents with complaints of chronic low back pain status post lumbar fusion and chronic cervical spine pain. On exam, muscle strength was normal at 5/5. There is tenderness to palpation over the L3-S1 lumbar facet joint. There is pain with extension and lateral rotation bilaterally. Diagnoses are status post lumbar fusion with subsequent hardware removal, lumbar discogenic disease. The patient's medications were refilled which included Norco 10/325, Medrol Dosepak, Genocin and Laxacin. The patient was awaiting an authorization for another injection which she stated helped a lot. Prior utilization review dated 02/19/2014 states the request for Norco 10/325 #180 was partially certified to 140 due to a lack of documented functional improvement. The request for Medrol Dosepak was not certified as medical necessity for long-term use of steroids has not been established. The request for Genocin was not certified as sufficient information has not been provided to establish medical necessity. The request for an injection was not certified as insufficient information has been provided to establish medical necessity.

Medrol Dosepaks Quantity: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

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

Decision rationale: As per the ODG, it is not recommended for chronic pain. The medical records do not show the specific indication to use Medrol Dosepak in this patient. There is no documentation of the patient's response to treatment with prior use of Medrol Dosepak. Therefore, the medical necessity of the request is not established at this time.

Genocin Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:http://www.drugs.com/ingredient/chloroquine.html.

Decision rationale: As per the ODG, it is not recommended for chronic pain. The medical records do not show the specific indication to use Medrol Dosepak in this patient. There is no documentation of the patient's response to treatment with prior use of Medrol Dosepak. Therefore, the medical necessity of the request is not established at this time.

Injection Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: There is insufficient information such as the type of injection, location and indication within the medical records provided for review. The medical necessity cannot be established at this time. As such, the request is not medically necessary and appropriate.