MAXIMUS Federal Services

Case Number:	CM14-0059640		
Date Assigned:	07/09/2014	Date of Injury:	06/24/2003
Decision Date:	08/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in Interventional Spine 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 74-year-old male with an injury date of 06/24/2003. According to the 04/15/2014 progress report, the patient complains of back pain and hip pain. He also has neck pain which radiates from the neck to his right upper extremities with severe pain and clawing of the hand. The patient also has pain in his left knee and ankle. According to reviewed studies, the patient has a collapsed L3-L4 and an MRI of the neck showed progressive deterioration of the structure of the neck more at C5-C6. The patient's diagnoses include the following: Postlaminectomy syndrome, L3-L4, Stenosis, Arachnoiditis, LLE tib/fib fracture, PORIF, DVT left lower extremity, on Coumadin, Left shoulder impingement syndrome, left frozen shoulder, Left hip pain radicular versus bursitis, S/P cellulitis and STSG, Medication-induced GI sensitivity, Embolic CVA with left hemiparesis, CAD afib. The request is for, Percocet 10/325 mg #90, Norco 10/325 mg #60 x2 refills, Voltaren gel 1% #5 tubes.The utilization review determination being challenged is dated 04/25/2014. The treater has provided progress reports from 10/21/2013 - 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; Page(s): 60,61; 88, 89; 78.

Decision rationale: According to the 04/15/2014 progress report, the patient complains of back pain and hip pain. The request is for Percocet 10/325 mg #90. The patient has been taking Percocet as early as 10/21/2013. The patient states that Percocet takes his pain away from a 10 to a 6-7 and allows a little more sleep. He has been stable on this regimen for the last couple of years. The patient also states that it takes the patient 30 minutes for onset and has reduced the patient's daily and nightly spasms. For chronic opiate use, MTUS Guidelines pages 88 through 89 require functioning documentation using numerical scale or a validated instrument at least once every six months. Documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior) is alsoall required. MTUS also requires documentation of the current pain, average pain, least pain, and the time it takes for the medication to work. In this case, the treater has mentioned the pain scale of which Percocet helps the patient. The patient has also described how Percocet has helped the patient's function and the onset it takes for the medication to take effect. Recommendation is for authorization.

Norco 10/325mg #60x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61; 88, 89; 78.

Decision rationale: According to the 04/15/2014 progress report, the patient presents with back pain and hip pain. The request is for Norco 10/325 mg 60 x2 refills. The 04/15/2014 report continues to state that Norco takes pain from an 8 to a 9 to a 5 to 6 for the patient. However, it also keeps the patient awake at night. The patient has been taking Norco since the first progress report provided which is on 10/21/2013. MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale validated instrument at least once every 6 months as well as documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior). Documentation of current pain, average pain, and least pain is also all required within these MTUS Guidelines. However, the treater does not mention any specific impact Norco had on the patient in terms of activities of daily living and function. Given the lack of documentation which MTUS requires, recommendation is for denial.

Voltaren gel 1% #5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

Decision rationale: According to the 04/15/2014 progress report, the patient complains of back pain and hip pain. The request is for Voltaren gel 1% #5 tubes. MTUS Guidelines page 22 supports the use of NSAIDs for chronic back pain. MTUS pages 60 and 61 further require that when medications are used for chronic pain, pain and functional changes must be documented. In this case, despite a long-term use of diclofenac, the treater does not mention medication efficacy in either reports. Recommendation is for denial.