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| Case Number: | CM14-0099001 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 12/04/2007 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 Nevada. 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 records, presented for review, indicate that this 56-year-old individual was reportedly injured on 12/4/2007. The mechanism of injury was not listed. The most recent progress note, dated 2/24/2014, indicated that there were ongoing complaints of chronic low back pain that radiated in the right lower extremity. The physical examination demonstrated lumbar spine wound is clean, dry, and intact. Motor strength testing appeared to be stable. Diagnostic imaging studies included x-rays of the lumbar spine which demonstrated a solid fusion at L4-L5 with hardware in good position. Previous treatment included previous lumbar surgery, medications, and conservative treatment. A request had been made for Vicodin 5/300 mg #60, referral to pain management for cervical spine facet block at C5-C6 and was not certified in the pre-authorization process on 5/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management evaluation for cervical spine C5-6 facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment and Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS/ACOEM practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review, of the available medical records, documents low back pain status post surgery at the last office visit but fails to give a clinical reason to transfer care to a pain management specialist for consideration for cervical epidural steroid injections. As such, this request is not considered medically necessary due to lack of documentation.

60 Vicodin 5/300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. It is noted that the injured worker's status post surgical procedure, but the procedure is unknown and data surgery is unknown. As such, this request for Vicoden is not medically necessary.