

Case Number:	CM15-0102602		
Date Assigned:	06/05/2015	Date of Injury:	01/22/2005
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 77 year old female with an industrial injury dated 01/22/2005 resulting in low back pain. Her diagnoses included status post fusion at lumbar 3-4, sacroiliitis and failed low back surgery syndrome. Prior treatment included sacroiliac joint injection (with no relief) and medications. A Co morbid diagnosis is diabetes. She presents on 04/27/2015 with complaints of low back pain radiating to her bilateral lower extremities on occasion. She rates her pain as 6/10 on the pain scale. She also follows up with her primary care provider for complaints of abdominal pain and weight loss. Physical exam of the lumbar spine showed tenderness to palpation of bilateral paraspinal with decreased range of motion. Medications included Norco and over the counter laxative or Senna as needed. The provider documented urine toxicology dated 03/21/2014 was positive for Norco and benzodiazepines. She admitted to using Valium at night for anxiety and to help her sleep. She had received the medication from her primary care provider. CURES report dated 04/27/2015 was consistent. MRI, CT and electro diagnostic studies are documented in the record dated 04/27/2015 however the formal reports are not in the submitted records. Treatment recommendations consisted of follow up with her primary care provider, pain psych consult, light seated walker, Norco, Butrans, Senna, random urine toxicology, follow up with pain management, and labs consisting of complete blood count and chemistry panel. Treatment request consisted of one med panel consisting of CBC and CMP, one prescription of Butrans patches 10 mcg and one prescription of Norco 10/325 mg # 120. Other requests which were authorized included one light weight seated walker, one pain management follow up, one prescription of Senna and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Med panel consisting of CBC and CMP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), (the format of this guidelines does not specify chapters or sections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/cbc/tab/test>, <http://labtestsonline.org/understanding/analytes/cmp/tab/test>.

Decision rationale: Regarding the request for CBC and CMP, California MTUS and ODG do not address the issue. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. A CMP is ordered as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney or liver-related side effects. Within the documentation available for review, it appears that some laboratory testing was recently performed and there is no clear rationale for additional testing at this time. In the absence of clarity regarding the above issues, the currently requested CBC and CMP are not medically necessary.

1 prescription of Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

1 prescription of Butrans patches 10mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is noted that the patient is currently taking Norco only and the provider wishes to trial Butrans. However, the patient is obtaining significant benefit from the use of only approximately 4 tablets of Norco per day and there is no clear rationale presented for the addition of a long-acting opioid rather than continuation with the relatively low dose of short-acting opioid that the patient is currently taking. In light of the above issues, the currently requested Butrans is not medically necessary.