

Case Number:	CM15-0020305		
Date Assigned:	02/09/2015	Date of Injury:	01/01/1969
Decision Date:	04/03/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/03/2015

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

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 64-year-old male who reported injury on 09/29/2004. The mechanism of injury was not provided. The documentation of 12/18/2014 revealed the injured worker had a chief complaint of low back pain interfering with daily activities. The injured worker indicated Norco did help with pain; however, it was not strong enough. The injured worker was noted to have to take 2 tablets to get relief. The injured worker denied illicit drug abuse. The injured worker had been compliant with the medication. The injured worker was not receiving medication from any other source. The physical examination revealed the injured worker had tenderness over the L4-5 and L5-S1 facets bilaterally. The diagnoses included lumbar spine sprain and strain, axial low back pain, and lumbar facet arthropathy. The treatment plan included an increase of the dose of Norco 10/325 mg to 10/325 mg 2 times per day as needed. Additionally, the injured worker was to return for followup on 01/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 12/18/14) Pain Management follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

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

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based on the injured worker's concerns, medications they are taking, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker had continuing pain. The documentation of 11/20/2014 revealed the injured worker had continued pain. The pain was noted to be getting worse. The Percocet was not helping. The documentation indicated the injured worker's medication would be changed from Percocet to Norco 5/325 mg 3 times a day as needed. The clinical documentation submitted for review met medical necessity for the return visit. Given the above, the request for retrospective (DOS: 12/18/2014) pain management follow-up is medically necessary.

Increase Norco from 5/325mg to 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. The documentation indicated Norco 5/325 mg was ineffective. There was a lack of documentation of the injured worker's pain on the VAS to support the necessity for an increase in pain medications. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for increased Norco from 5/325 mg to 1010/325 mg #60 is not medically necessary.

Pain Management follow-up (scheduled for 1/22/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

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

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based on the injured worker's concerns, medications

they are taking, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker had continuing pain. The documentation of 12/18/2014 revealed that the injured worker's pain medication was to be increased, which would support the need for a follow visit. Even though the medication that was requested was found to be not medically necessary, the clinical documentation submitted for review indicated the injured worker had pain and the pain was not controlled, which would support the need for a visit. Given the above, the request for pain management follow-up (scheduled for 01/22/2015) is medically necessary.