

Case Number:	CM14-0089078		
Date Assigned:	07/23/2014	Date of Injury:	03/29/1999
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/13/2014

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 58-year-old female was reportedly injured on March 29, 1999. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of low back and leg pains. The physical examination demonstrated a 5 foot, 127-pound individual who was reported have a decrease in lumbar spine range of motion. A decrease in range of motion was also noted. An antalgic gait pattern was reported and no specific neurological findings were identified. Diagnostic imaging studies were not reviewed. Previous treatment included lumbar laminectomy/fusion surgery, postoperative rehabilitation, multiple medications and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg- 1 month Supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: When considering the date of injury, the injury sustained, the surgical treatment rendered and by the current physical examination, and noting the parameters outlined in the MTUS that this medication is for the treatment of moderate breakthrough pain, it is not clear that this medication is demonstrating any efficacy. The pain complaints are unchanged. The physical examination is unchanged, and there are no indicators of any functional improvement or decreased symptomatology. Therefore, based on a lack of efficacy, there is no clear clinical indication presented to establish the medical necessity of this request.

Butran 15mcg/hr Transdermal Patches- 1 month Supply: 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 Official Disability Guidelines (ODG): Pain chapter, updated September 2014 (Electronically sited).

Decision rationale: It is noted that neither the MTUS or ACOEM guidelines address this particular medication. The parameters outlined in the ODG were employed. This medication can be recommended as an option for the treatment of chronic pain in selected patients. The key component is there is objective occasion of a neuropathic pain. When noting the date of injury, the mechanism of injury, the injury sustained and the current clinical condition outlined, there is no objectification that the pain is neuropathic in nature. Furthermore, when noting the ongoing complaints of pain, there is no indication that this medication has demonstrated any efficacy or utility. Therefore, when combining the current physical examination with the parameters outlined in the ODG, the medical necessity of this medication cannot be established.