

Case Number:	CM14-0096243		
Date Assigned:	07/25/2014	Date of Injury:	05/10/2002
Decision Date:	09/18/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 Occupational Medicine 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:

This is a 58 year old male with a 5/10/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/4/14 noted subjective complaints of increased low back pain due to hospitalization after recent right knee total revision surgery. Objective findings included diffuse tenderness over thoracic spine. The prescribed medications at that time included Norco, Soma and Lunesta. There is no note in the provided documentation of any functional improvement with medication prescribed. Norco has been prescribed since 2012. Diagnostic Impression: status post hardware removal with revision fusion T10 to S1 Treatment to Date: medication management, acupuncture A UR decision dated 6/18/14 modified the request for Norco 10/325 mg #60 to #45. The records indicated that he had been using Norco since 2012. The records show no sustained improvement in pain and function with the use of Norco. The guidelines do not recommend that opioids be continued unless there is an improvement in pain and function. Opioids are otherwise to be discontinued. It also denied a request for Ultram 50 mg #60. The long-term use of opioids is not recommended by the guidelines unless there is evidence of improvement in pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2012 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 #60 was not medically necessary.

Ultram 50mg #60:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2012 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. From the provided documentation, the patient has already been on Norco since at least 2012. There is no provided rationale for concurrent prescriptions for hydrocodone and ultram. Therefore, the request for Ultram 50 mg #60 was not medically necessary.