

Case Number:	CM15-0175338		
Date Assigned:	09/16/2015	Date of Injury:	07/16/2001
Decision Date:	10/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 (n) 35-year-old female, who sustained an industrial injury on 7-16-01. The injured worker was diagnosed as having sciatica, myofascitis and back pain. The physical exam (12-18-14 through 7-15-15) revealed 2-7 out of 10 pain, an antalgic gait, a positive straight leg raise test and tenderness to palpation in the lumbar spine. Treatment to date has included a TENS unit, vocational rehab, a lumbar brace, Voltaren gel, Ibuprofen and Norco (since at least 9-30-13). As of the PR2 dated 8-14-15, the injured worker reports pain in her lower back. She rates her pain 2-7 out of 10. Objective findings include an antalgic gait, a positive straight leg raise test and tenderness to palpation in the lumbar spine. The treating physician requested a nurse case manager and Norco 10-325mg #30 x 3 refills. On 8-14-14, the treating physician requested a Utilization Review for a nurse case manager and Norco 10-325mg #30 x 3 refills. The Utilization Review dated 8-24-15, non-certified the request for a nurse case manager and Norco 10-325mg #30 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nurse case manager: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Case Manager. 2006 May-Jun; 17(3): 45-8. Essential activities and knowledge domains of case management: new insights from the CCMC role and functions study. (Abstract).

Decision rationale: The Commission for Case Manager Certification (CCMC) defines case management (CM) as "a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health needs. [Case management] uses communication and available resources to promote quality, cost-effective outcomes." The practice of CM spans the entire health-care spectrum, including pre-acute, acute, and post-acute settings, and the involvement of varied care providers, such as nurses, social workers, rehabilitation counselors, physicians, and other allied health professionals. Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Ideally, the clinician has previously visited the job site and knows the functional demands of the position. If this is not possible, a review of the job description is appropriate. Cases of delayed functional recovery require close management rather than simple care. The occupational health clinician can act as the manager of the case or can enlist the help of a skilled case manager, who is typically an occupational health nurse or a social worker. In this case, there is no documentation to support that the patient has special needs requiring the services of a nurse case manager. It optimal that the clinician act as the primary case manager. The request should not be medically necessary.

Norco 10/325mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is

recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving Norco since at least May 2013 and has not obtained analgesia. In addition, there is no documentation that the patient is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be medically necessary.