

Case Number:	CM15-0075558		
Date Assigned:	04/27/2015	Date of Injury:	02/20/2009
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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 48 year old male who sustained a work related injury February 20, 2009. While lifting a 350 pound cast iron tub, he developed low back pain. He was diagnosed with a lumbar spine strain, had x-rays and treated with medication, physical therapy, and a back brace. Past history included fusion and disc replacement, 2010. A December 9, 2014, physician's office visit finds the injured worker noting Butrans patch has aided in his low back pain from a 10/10 to a 8/10. Diagnoses are failed back surgery with post-laminotomy pain syndrome; possible arachnoiditis; retrograde ejaculation post-surgery; hardware pain; possible neuroma at the incision sites on the left side of the abdomen. At issue, is the request for Norco 10/325mg quantity 80 and a whole body scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole Body Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diagnostic testing for Complex Regional Pain Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Pain Chapter, CRPS, diagnostic tests; CRPS, pathophysiology (clinical presentation and diagnostic criteria).

Decision rationale: Regarding the request for whole body scan, CA MTUS does not address the issue. ODG states that triple phase bone scan is recommended for select patients in early stages to help in confirmation of the diagnosis of chronic regional pain syndrome (CRPS). Routine use is not recommended. The guidelines state that the sensitivity of the test is less than its specificity and the former declines with increasing duration of CRPS. Suggestion has been made that TPBS is most useful in the early duration after diagnosis (4-6 months). To diagnose CRPS, the three criteria generally identified in the literature include those suggested by Veldman et al., those originally suggested by the IASP, and a further modification of the latter referred to as the Budapest (Harden) criteria. Within the documentation available for review, there are no documented subjective/objective findings that are consistent with the diagnosis of CRPS or another clear rationale for the proposed study. As such, the currently requested whole body scan is not medically necessary.

Norco 10/325mg quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.