

Case Number:	CM13-0009344		
Date Assigned:	12/27/2013	Date of Injury:	05/21/1992
Decision Date:	03/10/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 patient is a 47-year-old male who reported in injury on 5/21/92; he threw a bag of garbage that caused injury to his low back. The patient ultimately underwent fusion surgery at the L5 through the S1, and bilateral laminectomy/facetectomies at the L3-4 and L4-5. The patient had continued low back pain radiating into the lower extremities. The patient was evaluated and it was determined that he was no longer a surgical candidate. The patient's chronic pain was managed with medications that provided relief from a 9/10 to a 7/10, active therapy, and epidural steroid injections. The patient's prescribed medications included Tramadol and Lyrica. The patient's diagnoses included status post bilateral laminectomy/facetectomies at the L3-4 and L4-5, status post L5-S1 fusion, low back pain and nonindustrial hypertension. The patient's treatment plan included continuation of medications and a consultation to determine the patient's eligibility for a Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

consultation for entrance into a functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

Decision rationale: The clinical documentation submitted for review indicates that the patient has exhausted all conservative treatments and may benefit from a functional restoration program. However, the clinical documentation submitted for review does not provide any evidence of a behavioral assessment or any recent physical therapy. The California MTUS recommends consideration of a functional restoration program when the patient is motivated to improve and return to work. The submitted documentation does not clearly indicate that the patient is motivated to participate in a functional restoration program with the goal of returning to work. Therefore, the need for a multidisciplinary evaluation is not indicated. As such, the requested consultation is not medically necessary or appropriate.

60 Gabapentin 300mg with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 60.

Decision rationale: The clinical documentation submitted for review evidences that the patient has been on this medication for an extended duration of time. The California MTUS recommends medications used in the management of a patients chronic pain be supported by documentation of pain relief and functional benefit. The clinical documentation submitted for review provides evidence that the patient has pain relief from medication usage. However, there is no documentation of increased functional benefit as a result of the medication usage. Additionally, the requested two refills would not allow for timely reassessment to establish efficacy to support continued use. As such, the request is not medically necessary or appropriate.