

Case Number:	CM13-0017028		
Date Assigned:	12/11/2013	Date of Injury:	07/20/2005
Decision Date:	01/29/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/27/2013

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 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 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:

This female patient has a work related injury on 7/20/05. The patient has been treated for chronic back pain. Doctors PR2 dated 7/23/13 reveals chronic low back pain. The patient was reported to have back and leg pain. The patient has been treated with radiofrequency ablation procedure in 2012, medications include the use of oxycodone, oxycontin, Soma and Lyrica as well as massage therapy and a TENS unit. Doctors PR2 on 10/14/13 reveals patient has chronic back pain with leg and foot pain, tingling and burning in legs. It shows that are radiofrequency and opiates decreased the low back pain and Lyrica decreased the neuropathy. Exam findings revealed positive lumbar pain with extension on the left with tender facets. Sensation is decreased in both feet. Diagnosis of lumbar Facet pain on the left and peripheral neuropathy. The request is for medications as listed below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Oxycontin 20mg #60 for DOS 7/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 111-113, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pain Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS chronic pain guides only recommend opioids for a short term in chronic back pain. The patient had RF ablations and has not reduced his opioid use, after a good result with the RF ablation, there was no talk of weaning. There is no documentation of functional improvement as defined in the MTUS from the opioids as opposed to her surgical interventions. Continued opioid use requires functional improvement and reduction in pain. There is no documentation this treatment plan of opioids has done this. There is a discussion in the records of changing the medications. Therefore, as guides do not recommend long term opioid use for back pain, it is not necessary.

Retrospective Oxycodone IR 10mg #150 for DOS 7/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pain Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS chronic pain guides only recommend opioids for a short term in chronic back pain. The patient had had RF ablations and has not reduced his opioid use, after a good result with the RF ablation, there was no talk of weaning. There is no documentation of functional improvement as defined in the MTUS from the opioids as opposed to her surgical interventions. Continued opioid use requires functional improvement and reduction in pain. There is no documentation this treatment plan of opioids has done this. There is a discussion in the records of changing the medications. Therefore, as guides do not recommend long term opioid use for back pain, it is not necessary.

Retrospective Soma 350mg #90 for DOS 7/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: CA MTUS chronic pain guides page 29 states that Soma is not recommended and is not indicated for long term use. Therefore, as guidelines do not recommend this medication, it is not medically necessary.