

Case Number:	CM13-0021112		
Date Assigned:	12/18/2013	Date of Injury:	01/05/2007
Decision Date:	02/05/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/06/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 01/05/2007 while performing normal job duties. The patient was most recently evaluated for an acute exacerbation of chronic low back pain. It was noted that the patient's pain was generally well-controlled with the patient's prescribed medication intake of ibuprofen 800 mg and Lortab. Physical findings included tenderness to palpation in the thoracic and lumbar musculature with mild spasming. The patient's diagnoses included spondylosis without myelopathy of the thoracic spine. The patient's treatment plan included the continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pak 4mg QTY: 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-305.

Decision rationale: The requested Medrox Dose pak is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient reported

an acute exacerbation of the patient's chronic pain. However, there was no documentation of an evaluation prior to the prescription to determine the specific need for medication intervention. Additionally, the American College of Occupational and Environmental Medicine does not recommend the use of oral corticosteroids in the management of low back pain. As there is no physical evaluation to determine the necessity of this medication and as it is not recommended by the American College of Occupational and Environmental Medicine; the requested Medrox Dose pak would not be considered medically necessary or appropriate

Norco 10mg #60 with several refills QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management.

Decision rationale: The requested Norco 10 mg is not medically necessary or appropriate. The clinical documentation submitted for review did not provide any evidence of an evaluation to determine the need for a medication intervention. The California Medical Treatment Utilization Schedule recommends short courses of opioid usage for acute exacerbations of a patient's chronic pain. The requested #60 with several refills exceeds this recommendation. Additionally, the request as it is written with several refills does not allow for timely re-evaluation to determine the efficacy of the requested medication. As such, the requested 10 mg #60 with several refills is not medically necessary or appropriate.