

Case Number:	CM13-0021787		
Date Assigned:	11/13/2013	Date of Injury:	03/13/2000
Decision Date:	01/07/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/09/2013

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 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:

The underlying date of injury in this case is 03/13/2000. Treating diagnoses include postlaminectomy lumbar pain and nerve pain. An initial physician review notes that as of 07/30/2013, the patient complained of increased low back pain and left leg weakness. That note indicated the patient continued to work full time as an attorney, a position requiring sustained sitting which was difficult since it increased the patient's pain. Walking and lifting also made the patient's pain worse, and the patient was unable to run. The patient also reported constant aching pain along the lumbosacral junction. Overall, the physician review noted that the patient reported subjective complaints of continued radicular symptoms related to a previously confirmed radiculopathy, but there was a lack of current support for objective findings and that guideline recommendations did not support the use of opioids for neuropathic or chronic low back pain particularly in the absence of favorable results. That review notes that the patient's pain changed only minimally since initiating a trial of opioid treatment and that overall the treatment was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ Acetaminophen 7.5/750mg # 30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "The lowest possible dose should be prescribed to improve pain and function...recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." A prior physician review in this case appears to recommend noncertification of opioids largely based on the lack of a substantial change in the report of subjective symptoms. However, the guidelines specifically encourage that opioid use be based upon functional improvement. Among the most fundamental functional improvements would be maintenance of full-time employment, which is documented in this case. Additionally, the records do document numerous other specific activities of daily living including ability to sit or walk, which is reported to be improved by pain. Particularly given the patient's ability to continue full-time employment as well as the underlying diagnosis which does support the probability of the need for ongoing long-term analgesic treatment, the guidelines do support this request. The medical records do include documentation of the 4 domains of opioid management as per the treatment guidelines. This treatment is medically necessary.