

Case Number:	CM13-0029744		
Date Assigned:	06/16/2014	Date of Injury:	06/27/2008
Decision Date:	08/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert 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 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/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 is a 37 year-old male who has reported neck, back and leg pain after falling at work on 06/27/2008. Diagnoses have included cervical and lumbar degenerative disc disease, radiculitis, and post-laminectomy syndrome. Treatment has included lumbar and cervical spine surgery, physical therapy, epidural steroid injection, prolonged disability prescribed by physicians, and multiple psychoactive medications. Periodic and monthly reports from the pain management physician during 2013 show ongoing low back and leg pain, stated to be 4/10 with medications, yet 8-9/10 at the time of the office visits. Ongoing medications include high dose oxycodone, Ambien, Valium, Soma, and Lyrica. Specific functional deficits or abilities are not discussed in any reports. Specific results of using any single medication are not discussed. The injured worker is stated to be medically retired. Utilization Review has non-certified the opioids on multiple occasions since August 2013, noting the lack of specific benefit, high pain levels, and lack of prescribing according to the MTUS. On 8/21/13, Utilization Review non-certified what was listed as Medication-Narcotic. Subsequent appeals of this decision were for oxycodone. The Independent Medical Review application was for Medication-Narcotic. On 08/15/2013, the treating physician noted ongoing neck, low back and leg pain. Medical status was reportedly unchanged. Current pain was 8-9/10. Current medications include Lyrica, Soma, Valium, oxycodone, Ambien, and topical cream. Medications other than Ambien were refilled. There was no work status or description of the specific results of using any medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION - NARCOTIC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 77-81, 94.

Decision rationale: The request for Independent Medical Review is for unspecified "narcotics". "Narcotics" does not refer to any specific medication or class of medications. Of the current medications, Ambien, Valium, Soma, and Oxycodone are sometimes referred to as "narcotics" by some individuals. Given the lack of designation of a specific medication under review, medical necessity cannot be established. If the "narcotic" is intended to be Oxycodone, that would need to be stated. The available records do not support ongoing use of Oxycodone, given the high pain levels and lack of specific functional benefit (as noted in multiple Utilization Reviews). Guidelines do not recommend chronic use of Ambien, Valium, or Soma. As requested, "Medication-Narcotic" is not medically necessary due to the lack of a specific medication request, and there is substantial doubt that the opioids and the other possible "narcotics" are medically necessary in light of the MTUS recommendations.