

Case Number:	CM13-0032395		
Date Assigned:	12/13/2013	Date of Injury:	07/21/2003
Decision Date:	01/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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, Indiana and 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.

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 54-year-old male who reported an injury on 07/21/2003. The mechanism of injury was not provided for review. The patient developed chronic low back pain that was managed with medications and injections. The patient's most recent clinical evaluation findings included a decreased ability to participate in activities of daily living secondary to pain. The patient also complained of muscle spasms and increased radicular pain in the lower extremities. Physical findings included straight leg raising test positive bilaterally, tenderness to palpation of the paraspinal musculature of the lumbar spine, restricted range of motion secondary to pain of the lumbar spine, decreased sensation to light touch at the lumbar spine, depressive affective in mood and sleep deprivation. Patient's diagnoses included lumbosacral strain/sprain syndrome, lumbar facet joint arthropathy at the L3-4, L4-5, L5-S1 bilaterally, lumbar radiculopathy at the L2-3, L3-4, L4-5, L5-S1 to the left side, and insomnia. The patient's treatment plan included continued medications, facet joint injections, sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTHS OF PAIN MANAGEMENT FOLLOW-UP AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

Decision rationale: The requested 6 months of pain management followup and treatment is not medically necessary or appropriate. Clinical documentation submitted for review does provide evidence that the patient is on medications that do require medical management. Additionally, the patient's planned treatment of epidural steroid injections would benefit from continued pain management. Official Disability Guidelines recommend evaluation and management thru office visits supported by the need to continue to monitor the patient's functional status, pain levels, and response to treatment. As there is no way to determine that the patient will require 6 months of additional pain management treatment, the request as it is written would be considered excessive. As such, the prospective request for 6 months of pain management followup and treatment is not medically necessary or appropriate.

1 PRESCRIPTION OF NORCO 10/325 MG #180: Upheld

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

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

Decision rationale: The request for 1 prescription for Norco 10/325 mg #180 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic low back pain. California Medical Treatment and Utilization Schedule recommends the use of opioids for a patient's chronic pain management be supported by functional benefit, symptom response, managed side effects, and documentation of monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. However, the documentation submitted for review does not provide increased functional benefit or quantitative measures to support pain relief as it is related to this medication. Therefore, the continued use of Norco 10/325 mg would not be indicated. As such, the requested prescription of Norco 10/325 mg #180 is not medically necessary or appropriate.