

Case Number:	CM13-0034552		
Date Assigned:	06/09/2014	Date of Injury:	06/27/2008
Decision Date:	08/13/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Okalahoma. 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:

The injured worker is a 37-year-old male who reported an injury on 06/27/2008. The mechanism of injury was not provided in the medical records. His diagnoses include contusion of the left knee, cervical degenerative disc disease without myelopathy, cervicalgia, lumbago, thoracic/lumbosacral neuritis/radiculitis, and postlaminectomy syndrome. His previous treatments include medications, heat, ice, physical therapy, pain management, and surgery. Within the most recent clinical note dated 08/15/2013, the injured worker had complaints of chronic, severe low back pain radiating down his left leg from his hip to his knee. He also reported occasional neck pain. He indicated the pain was aggravated by sitting, standing, ice, flexion, extension, and activity. The pain was relieved by medications, rest, and heat. He reported that his pain was a 10/10 without medications and a 4/10 with medication. The physician noted that the injured worker's medications were keeping him functional, allowing for increased mobility and tolerance of activities of daily living and home exercise, and there were no side effects associated with these medications. The patient's current medications include OxyContin 80 mg, Oxycodone HCl 30 mg, Lyrica 75 mg, Ambien 10 mg, Soma 350 mg, Valium 10 mg, and Metaderm 0.035-5-20% cream. Physical examination of the cervical spine the physician reported there was palpation and tenderness at the C5-6. On physical examination of the lumbosacral spine, there was tenderness to palpation noted at the L4-5. The physician's treatment plan included prescriptions for OxyContin, Oxycodone HCl, Lyrica, Soma, Valium, and Metaderm cream. He was instructed to taper the medications as much as possible and to utilize the lowest effective dose to maintain function. He also had no signs of aberrant behavior or abuse. The urine drug screens were reported to be consistent with his medications. The current

request is for medications/narcotics with rationale not provided. The request for authorization was provided on 08/05/2013.

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 Page(s): 78.

Decision rationale: The current request for medication/narcotic is not medically necessary. The California MTUS Guidelines recommend that for ongoing use of opioids there should be a review of documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, the last reported pain over the period since the last assessment, the average pain after taking the opioids, and how long it takes for pain relief, and how long the pain relief lasts. The clinical documentation provided adequately addressed the four A's to include analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. The current request is for medication/narcotics. However, the medications that are being requested were not provided. As such, the request for medication-narcotic is not medically necessary.