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| Case Number: | CM13-0036169 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 09/05/2006 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 10/03/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 44-year-old woman who sustained a work related injury on September 5, 2006. Subsequently, she developed chronic back pain for which she underwent lumbar fusion and another one on 2010. On 2011, she underwent surgery for implantation of pain pump. According to notes dated on November 25 2013, the patient was complaining of low back pain with pain severity 10/10. Her physical examination demonstrated the lumbar, sacroiliac tenderness and reduced sensation in L5 distribution. The patient was diagnosed with postlaminectomy syndrome, thoracic and lumbar radiculitis. The patient was treated with pain medications including narcotics through his pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROMORPHONE, 50MG/ML X 20 MIS TOTAL OF 1250 UNITS.: Upheld

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 Chronic Pain Medical Treatment Guidelines Criteria for Use of Opioids. Page(s): 179.

Decision rationale: There is no indication and rational for the use of two opioids. In addition, there is no recent urine drug screen documenting the patient compliance with prescribed

medications. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is evidence of pain breakthrough. There is no clear documentation of the efficacy/safety of previous use of opioids. Therefore, the prescription of Hydromorphone, 50mg/ml X 20 total of 1,250 units is not medically necessary.

BUPIVACAINE, 5MG/MIX 20 MIS TOTAL OF 500 UNITS.: Upheld

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 Chronic Pain Medical Treatment Guidelines Low Back Complaints. Page(s): 309.

Decision rationale: According to California MTUS guidelines, epidural, facets and trigger points and ligamentous injections are not recommended for back pain. There is no justification provided by the provider to use Bupivacaine. Therefore, Bupivacaine, 5mg/mix 20 mis total of 500 units is not medically necessary.

ClONIDINE MG/MI X 20 MLS TOTAL OF 5 UNITS.: Upheld

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 Chronic Pain Medical Treatment Guidelines Low Back Complaints. Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural, facets and trigger points and ligamentous injections are not recommended for back pain. There is no justification provided by the provider to use Clonidine. Therefore, Clonidine mg/mi x 20 mls total of 5 units is not medically necessary.