MAXIMUS Federal Services

Case Number:	CM13-0038890		
Date Assigned:	12/18/2013	Date of Injury:	04/05/2006
Decision Date:	02/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 62-year-old male who reported an injury on 04/05/2006. The mechanism of injury was a fall. The patient was diagnosed with disc herniation with foraminal stenosis at L5-S1, grade 1 retrospondylolisthesis at L5-S1, and severe lumbar spondylosis at L5-S1. The patient was also diagnosed with an annular tear at L5 S1, facet hypertrophy and facet OA at L5 and S1, and L5 radiculitis. The patient complained of some moderate pain in the right hip with radiation into the right leg. The patient had restricted motion of the right hip. Physical examination disclosed he was tender in the paralumbar area with some slight spasm. The voluntary range of motion of the thoracolumbar spine was limited. The patient was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. His lateral bending was limited to 15 degrees in either direction. The clinical documentation stated the patient had been provided with appropriate medications to maintain his condition until his next follow-up visit in the office. The patient has been treated with pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

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

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

Decision rationale: CA MTUS recommends ongoing monitoring of chronic pain patients on opioids for pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant drug-related behaviors. The patient continues to complain of hip pain and low back pain. The patient also had decreased range of motion. However, no clinical documentation was submitted to indicate the efficacy of the patient's pain medication, improved function, or any indication of possible side effects. Given the lack of documentation to support Guideline criteria, the request for Ultracet 37.5/325mg #60 is non-certified.

Gabapentin 300mg #90 with two month refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: CA MTUS recommends gabapentin for diabetic neuropathy and post-therapeutic neuralgia. The patient continued to complain of pain to his right hip and low back. However, the clinical documentation submitted for review does not indicate that the patient was being treated for diabetic neuropathy. Also, no clinical documentation was submitted for review indicating the efficacy of the gabapentin. Given the lack of documentation to support the Guideline criteria, the request for Gabapentin 300mg #90 with two month refills is non-certified