

Case Number:	CM13-0039004		
Date Assigned:	12/18/2013	Date of Injury:	01/07/2003
Decision Date:	04/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/03/2013

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. 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 reported an injury on 01/07/2003. The mechanism of injury involved a fall. The patient is diagnosed with chronic radiculopathy and chronic pain. The patient was seen by [REDACTED] on 10/15/2013. The patient reported lower back pain with bilateral lower extremity pain. Physical examination revealed tenderness to palpation, palpable muscle spasm, positive straight leg raising, decreased sensation, and decreased strength. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR 1 PRESCRIPTION OF PERCOCET 10/325MG #180: 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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments Final Determination Letter for IMR Case Number CM13-0039004 3 should be made. Ongoing review and documentation of pain relief, functional status, appropriate

medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient has continuously reported high levels of pain with activity limitation. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

REQUEST FOR 1 PRESCRIPTION OF ZANTAC 150mg: 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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients as intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified