

Case Number:	CM13-0054935		
Date Assigned:	12/30/2013	Date of Injury:	01/12/2009
Decision Date:	03/28/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 69-year-old female who reported an injury on 01/12/2006, secondary to a fall. The patient is diagnosed with neck pain, chronic left-sided low back and left lower extremity pain, left hip pain, left knee pain, left ankle pain, and headaches with vertigo. The patient was seen by [REDACTED] on 12/17/2013. The patient reported 3/10 pain with medication. Physical examination revealed tenderness to palpation of the lower lumbar spine, decreased range of motion. Treatment recommendations included continuation of current medications included Norco and Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opioids, Initiating Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain 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. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain in the neck and low back as well as the left lower extremity and left shoulder. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.