

Case Number:	CM13-0056556		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2003
Decision Date:	05/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Practice 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 56-year-old male who reported an injury on 02/12/2003. The mechanism of injury was not provided. The patient is diagnosed with chronic low back pain, status post lumbar interbody fusion in 2006, 9th rib fracture, hypertension, headaches, bilateral carpal tunnel syndrome, and severe depression. The patient was evaluated on 11/21/2013. The patient reported lower back pain with radiation to bilateral lower extremities. The patient also reported ongoing headaches. The patient reported improvement in symptoms with physical therapy. Current medications included Kadian 20 mg and Zanaflex 4mg. The patient reported a 5/10 pain level with medication. Physical examination revealed tenderness to palpation of the lumbar spine, mild spasm, limited range of motion, positive straight leg raising, diminished strength in the left lower extremity, hypoaesthesia in the left L5 and S1 dermatomes, and asymmetrical reflexes. Treatment recommendations 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:

KADIAN 20MG #60: Upheld

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

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 non-opioid analgesics. 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 utilized this medication since at least 09/2013. Despite ongoing use, the patient continues to report lower back pain with radiation to bilateral lower extremities as well as ongoing headaches. While it is noted that the patient reports improvement in pain and function, the patient's physical examination does not reveal any significant changes that would indicate functional improvement. The patient continues to demonstrate tenderness to palpation, mild spasm, limited range of motion, positive straight leg raising, diminished strength, hypoesthesia, and asymmetrical reflexes. There is no indication that this patient has been able to achieve a return to work goal as a result of the ongoing use of this medication. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.