

Case Number:	CM13-0059169		
Date Assigned:	04/25/2014	Date of Injury:	11/17/1988
Decision Date:	06/02/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/30/2013

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 Anesthesiology, 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 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 injured worker is a 58-year-old male who reported an injury on 11/17/1988. The mechanism of injury was not stated. Current diagnoses include lumbar degeneration, lumbago, postlaminectomy syndrome, cervicalgia, and cervical degenerative disc disease. The injured worker was evaluated on 11/19/2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. The injured worker reported ineffectiveness of the current medication regimen. Previous conservative treatment includes physical therapy, bracing, TENS therapy, and epidural steroid injections. Physical examination revealed markedly decreased range of motion, stiffness, tenderness to the lumbar spine, positive straight leg raising bilaterally, an antalgic gait, and decreased sensation. Treatment recommendations included continuation of current medication and a referral to a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) REFERRAL TO NEUROSURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker has maintained diagnoses of severe lumbar degeneration and postlaminectomy syndrome. The injured worker has continuously reported lower back pain with radiation to bilateral lower extremities. However, there is no documentation of a significant change in the injured worker's symptoms or physical examination findings that would warrant the need for a neurosurgical consultation. The medical necessity has not been established.

ROXICODONE 30 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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. As per the documentation submitted, the injured worker has utilized Roxicodone 30 mg since 02/2013. Despite ongoing use, the injured worker continued to report persistent pain. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. As such, the request is not medically necessary.