

Case Number:	CM13-0061145		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2002
Decision Date:	04/07/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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 Family Practice 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 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 56-year-old male who reported an injury on 09/27/2002. The mechanism of injury is not specifically stated. The patient is currently diagnosed with lumbar post-laminectomy syndrome, lumbar spondylosis without myelopathy, low back pain, neck pain, cervical radiculopathy, chronic pain syndrome, Opioid dependence, insomnia, status post spinal cord stimulator implantation, and morbid obesity. The patient was seen by [REDACTED] on 10/03/2013. The patient reported persistent back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness to palpation, decreased range of motion, and decreased sensation in the right lateral foot. 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:

OxyContin 40mg 1 by mouth every 6 hours, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: Chronic Pain Medical Treatment 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 assessment 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 continues to report high levels of pain with radiation to bilateral lower extremities. There is no documentation of a satisfactory response to treatment. Therefore, the request is not medically necessary.

Norco 10/325mg 1 or 2 by mouth every 6 hours as needed for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: Chronic Pain Medical Treatment 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 assessment 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 continues to report high levels of pain with radiation to bilateral lower extremities. There is no documentation of a satisfactory response to treatment. Therefore, the request is not medically necessary.