

Case Number:	CM13-0068186		
Date Assigned:	01/03/2014	Date of Injury:	08/09/1997
Decision Date:	04/15/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation, 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 underlying date of injury in this case is 08/09/1997. The primary diagnosis is a lumbar postlaminectomy syndrome. The treating physician submitted a PR-2 report and request for authorization on 11/07/2013 which reports the diagnosis of a lumbar postlaminectomy syndrome, radiculopathy, opioid dependence, and myofascial pain. The patient was awaiting clearance regarding his liver for spine surgery. The patient reported that his medications eased his discomfort with pain 4/10 at the lowest and 10/10 at the worst. The patient also stated that his walker was approximately 5 years old and needed replacement. The treating physician recommended continuing MS Contin 60 mg t.i.d. for baseline pain as well as morphine immediate release 30 mg t.i.d. for breakthrough pain, and continuing Zanaflex and following up in 1 month and requested a new walker. An initial physician review indicated that the medical records did not document functional improvement to support an indication for MS Contin or morphine immediate release. That review also noted that the clinical information did not document that the patient's current walker was broken or nonfunctional.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, On-Going Management.

Decision rationale: The MTUS Guidelines, section on opioids/ongoing management recommend specific documentation of functional benefit supporting an indication for opioid use with particular attention to the 4 A's of opioid management. The medical records in this case discuss essentially subjective pain relief from opioid treatment but do not clearly discuss these 4 A's of opioid management nor do the medical records clearly discuss the employee's risk of aberrant behavior for opioid use. The guidelines have not been met to support an indication for ongoing opioid use. This request is not medically necessary.

MS IR 30 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, On-Going Management.

Decision rationale: The MTUS Guidelines, section on opioids/ongoing management recommends specific documentation of functional benefit supporting an indication for opioid use with particular attention to the 4 A's of opioid management. The medical records in this case discuss essentially subjective pain relief from opioid treatment but do not clearly discuss these 4 A's of opioid management nor do the medical records clearly discuss the employee's risk of aberrant behavior for opioid use. The guidelines have not been met to support an indication for ongoing opioid use. This request is not medically necessary.

New walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Knee/Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)--Treatment in Workers Comp/Knee

Decision rationale: This request is not specifically discussed in the MTUS Guidelines. The Official Disability Guidelines discusses walking aids, stating that "Disability, pain, and age-related impairments seem to determine the need for a walking aid." In this case, the employee has requested a replacement walker. However, the medical records do not clearly clarify if a prior walker could be repaired, nor do the medical records contain substantial analysis of whether a walker remains necessary as the optimum gait aid for this employee. Overall, the records contain very limited clinical reasoning or analysis to discuss the indications for a gait aid or a selection of a particular gait aid. This request is not medically necessary.