

Case Number:	CM14-0003917		
Date Assigned:	02/05/2014	Date of Injury:	07/31/1998
Decision Date:	06/25/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine, 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:

This is a 55-year-old male with a 7/31/98 date of injury. He was seen on 11/26/13 for ongoing low back pain rated at 2/10 and right hip pain. He is noted to be status post right hip replacement. He refused an epidural offered to him and stated that his current medications were working for him. The patient is not independent in any home exercise program, but has had physical therapy. Exam findings reveal decreased range of motion of the lumbar spine and some right ankle dorsiflexion weakness. Sensation was intact. His diagnosis was L4 radiculopathy. Physical therapy was recommended and authorized for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 OPANA ER 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner, are taken as directed, are prescribed at the lowest possible dose, and unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. This is a 55-year-old male with a 1998 date of injury who has been on Norco and Opana since the initial injury. There is no mention of a taper, a VAS pain rating with and without these medications, or any mention of functional gains. The patient has been on these medications long term and while partial certification to avoid withdrawal may have been appropriate, the current request is not medically necessary.

90 NORCO 10/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner, are taken as directed, are prescribed at the lowest possible dose, and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This is a 55-year-old male with a 1998 date of injury who has been on Norco and Opana since the initial injury. There is no mention of a taper, a VAS pain rating with and without these medications, or any mention of functional gains. The patient has been on these medications long term and while partial certification to avoid withdrawal may have been appropriate, the current request is not medically necessary.