MAXIMUS Federal Services

Case Number:	CM14-0006054		
Date Assigned:	03/03/2014	Date of Injury:	12/13/2010
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi and 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 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 records presented for review indicate that this 67 year old individual was injured in December 2010. The listed diagnosis is a strain of the lumbar spine. There are ongoing complaints of low back pain. There was a partial certification of the medications so as to facilitate an appropriate weaning process. An MRI of the lumbar spine dated September 2013 noted ordinary disease of life degenerative changes and no spondylosis. Some lumbar facet arthropathy was reported. The physical examination noted a borderline hypertensive individual who is 5'10", 258 lb and in no acute distress. Full motor and sensory examination is reported. Straight leg raising is positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800 MG, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPOIODS, CRITERIA FOR USE ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 21

Decision rationale: When noting the age of the injured employee, the degenerative changes identified on MRI, there is a clinical indication for this medication to address the unrelated ordinary disease of life degenerative changes. This would not be considered care required to address the sequale of the compensable event, but would be indicated. As such, the request is medically necessary.

PERCOCET 5-325 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE, 76-80

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 86

Decision rationale: The enhanced imaging studies reviewed note mild to moderate degenerative changes. There are no acute lesions or indicators of a nocioceptive lesion being the pain generator. In that the MTUS does not support the long-term use of this type of medication for the pathology noted, given that there are no notes indicationg any efficacy or utility with this medication and there is no reported return to work or increased functionality, there simply is insufficient clincial data presented to support this request. As such, the request is not medically necessary.

BUTRANS 10 MCG, #4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 87

Decision rationale: This medication is indicated for the treatment of opiate addiction. There are no indicators of such an addiction. This is not an effetive medication to be employed until there is a complete detoxification from opiates. Seeing no such detoxification, this preparation is not clinically supported. As such, the request is not medically necessary.