

Case Number:	CM14-0006857		
Date Assigned:	02/07/2014	Date of Injury:	12/28/2009
Decision Date:	07/03/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 39-year-old male who has submitted a claim for lumbar sprain/strain with right L5-S1 radiculopathy associated with an industrial injury date of 12/28/2009. Medical records from 2013 were reviewed. Patient complained of lumbosacral pain, graded 8/10 in severity, radiating to the right lower extremity. Aggravating factors included sitting, standing, walking, driving, and bending. Physical examination of the lumbosacral spine revealed tenderness, muscle spasm, trigger points, and restricted range of motion. Kemp's test was positive bilaterally. Weakness was noted at right lower extremity. Reflexes were normal. Sensation was diminished at right S1 dermatome. Gait was antalgic and slow. Patient is a candidate for right L5-S1 hemilaminotomy and microdiscectomy. Treatment to date has included physical therapy, acupuncture, epidural steroid injections, and medications such as, Norco, Flexeril, omeprazole, Gabacyclotram, Terocin patch, and flurbiprofen. Utilization review from 12/27/2013 denied the request for medication management because the records did not reflect a level of pain that would require it.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGICAL MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Medications for Subacute and Chronic Pain.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. In this case, patient has persistent lower back pain radiating to the right leg despite conservative management. Medications prescribed were Norco, Flexeril, omeprazole, Gabacyclotram, Terocin patch, and flurbiprofen. Providing treatment regimen is necessary, however, the request failed to specify the drug, dosage, frequency of intake, and quantity to be dispensed. The request is incomplete; therefore, the request for pharmacological management is not medically necessary.