

Case Number:	CM14-0016421		
Date Assigned:	04/11/2014	Date of Injury:	10/04/2010
Decision Date:	05/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 55-year-old male who reported an injury on 10/04/2010. The mechanism of injury was not stated. The current diagnosis is lumbar spine pain. The injured worker was evaluated on 12/18/2013. The injured worker reported persistent lower back pain with radiation to the left lower extremity. Current medications include Norco 10/325 mg and MS Contin 15 mg. Physical examination revealed significant tenderness in the left lumbar and sacro-iliac (SI) region, guarded lumbar range of motion, weakness, and hyperalgesia in the left thigh. 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:

NORCO 10/325MGG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. As per the documentation submitted, the injured worker had utilized this medication since at least 09/2013. There is no change in the injured worker's physical examination that would indicate functional improvement. The injured worker continues to report persistent pain with left lower extremity radiation. There is also no frequency listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

MS CONTIN 15MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker had utilized this medication since at least 09/2013. There is no change in the injured worker's physical examination that would indicate functional improvement. The injured worker continues to report persistent pain with left lower extremity radiation. There is also no frequency listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.