

Case Number:	CM14-0110998		
Date Assigned:	08/01/2014	Date of Injury:	09/06/1996
Decision Date:	10/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 53 year-old male who was reportedly injured on 9/6/1996. The mechanism of injury is not listed in these records reviewed. The injured worker previously underwent several lumbar spine surgeries to include an anterior/posterior lumbar fusion at L4-L5 on 4/17/2013. The most recent progress note dated 5/20/2014, indicates that there are ongoing complaints of low back pain after a recent ground-level fall. Objective findings: "no significant change". Plain radiographs of the spine with flexion, extension views was dated 11/14/2013 and demonstrated an anterior/posterior fusion at L4-L5 without evidence of fracture; 6 mm anterior listhesis at L5-S1 without instability; degenerative disease of the cervical spine with loss of normal cervical lordosis; 4-5 mm posterior listhesis at L2-L3 and L3-L4 without instability; and no significant scoliosis. Previous treatment includes multiple lumbar spine surgeries, physical therapy, home exercises and medications to include Neurontin, Bisacodyl, Colace, Robaxin, Oxyir and MS Contin. A request was made for Oxyir 10 mg #30, MS Contin 60 mg #45, which were not certified in the utilization review on 6/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxyir 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic back pain after multiple lumbar spine surgeries and a work-related injury in 1996; however, there is no objective clinical documentation of improvement in his pain or function with the current regimen. As such, this request is not considered medically necessary.

MS Contin 60 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic back pain after multiple lumbar spine surgeries and a work-related injury in 1996; however, there is no objective clinical documentation of improvement in his pain or function with the current regimen. In addition, there are no recent urine drug screens documented in the medical records. As such, this request is not considered medically necessary.