

Case Number:	CM14-0113154		
Date Assigned:	08/01/2014	Date of Injury:	06/06/2006
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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 Illinois. 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 female who reported injury on 06/06/2006 reportedly sustained injuries when she fell backwards on her motorized chair and hit her back. The pain started almost immediately in her lower back and radiated down the right leg. The injured worker has some bruising on her buttocks. She did not have any lacerations. The injured worker was evaluated on 07/16/2014, and it was documented that she complained of bilateral lower back pain radiating to the right buttock, worse right than left. Exacerbating factors were prolonged sitting, prolonged standing, lifting, twisting, driving and any activities with bearing down. Mitigating factors were lying down, upright and medications. Physical examination of the musculoskeletal/spine was within normal limits in all limbs except for a scar on the trunk. There was tenderness upon palpation of lumbar paraspinal muscles. Muscle growth was symmetric in all limbs. Peripheral pulses are 2+ bilaterally with normal capillary filling. There was full and painless range of motion in all limbs without instability. Bilateral lower extremity ranges of motion were restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions. Lumbar flexion was worse than lumbar extension. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally. Sacroiliac provocative maneuvers, Gaenslen's, Patrick's maneuver, Yeoman's and pressure at the sacrosulcus were positive on the right and negative on the left. Heel, toe and tandem walking were within normal limits. Waddell's signs were negative bilaterally. Medications included ibuprofen and Neurontin. The provider noted she had 50% of pain relief while taking Oxycodone 10mg and with 50% improvement on the injured worker activities and daily living taking pain medications. The provider noted the MS Contin 60mg helped with pain around the clock with 60% improvement of injured worker's daily activities and daily living. Diagnoses included right sacroiliac joint pain, lumbar fusion at L4-S1, central disc protrusion at L3-L4,

lumbar facet joint pain, lumbar facet joint arthropathy, lumbar post laminectomy syndrome, lumbar disc protrusion, lumbar stenosis, and lumbar fusion. The Request for Authorization dated for 05/05/2014 was for MS Contin 60 mg and oxycodone 10 mg; rationale was for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioid compliance for the injured worker. There were no conservative measures indicated for the injured worker such as physical therapy or a home exercise regimen. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for MS Contin 60mg, #90 is non-certified.

Oxycodone 10mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioid compliance for the injured worker. There were no conservative measures indicated for the injured worker such as physical therapy or a home exercise regimen. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Oxycodone 10mg, #120 is non-certified.

