MAXIMUS Federal Services

Case Number:	CM14-0115326		
Date Assigned:	08/04/2014	Date of Injury:	07/10/1997
Decision Date:	09/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 Texas and Oklahoma. 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 63-year-old male who reported an injury due to pulling a heavy weight on 07/10/1997. On 06/19/2014, his diagnoses included lumbar disc displacement, lumbar postlaminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, anxiety, status post spinal cord stimulator implant, and spinal cord stimulator replacement. His complaints included neck pain radiating down the bilateral upper extremities, low back pain that radiated down the bilateral lower extremities, upper extremity pain in the elbows and shoulders, and lower extremity pain bilaterally in the knees and feet. He rated his pain at 8/10 with medications and 10/10 without. He reported that use of anti-seizure medications, muscle relaxants, NSAIDs, opioids, and sleep aid medications were helpful. His medications included Provigil 200 mg, Wellbutrin XL 150 mg, Celebrex 200 mg, metformin 500 mg, tramadol 50 mg, zolpidem 10 mg, gabapentin 600 mg, Pantoprazole 20 mg, and tizanidine 4 mg. The injured worker had pain medicine re-evaluations on 12/05/2013, 01/02/2014, 01/30/2014, 02/27/2014, and 06/19/2014. It was noted that he had intolerance to multiple medications, but they were not identified. The evaluation further stated that he had developed opioid tolerance due to long-term opioid use. Although rationale was provided for each of his medications, there was no rationale for the request for a pain medicine re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain medicine re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, evaluation and management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 5 Cornerstones of Disability Prevention and Management, pages 77-89. The Expert Reviewer's decision rationale:The California ACOEM Guidelines states that "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations." This injured worker has had 5 pain medicine re-evaluations in a 6-month period. Guidelines clearly state that the best evidence-based treatment approach should limit excessive physical medicine usage and referral. There is no evidence of failed trials of other modes of conservative treatment including physical therapy, acupuncture, or chiropractic treatments. It was noted that this injured worker developed a tolerance to opioid medications, yet they are still being prescribed for him. The clinical information submitted fails to meet the evidence-based guidelines for a pain medicine re-evaluation. Therefore, this request for pain medicine re-evaluation is not considered medically necessary.