MAXIMUS Federal Services

Case Number:	CM14-0118596		
Date Assigned:	08/06/2014	Date of Injury:	04/26/2013
Decision Date:	09/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 61-year-old male who reported an injury on 04/26/2013. The mechanism of injury was a reaching motion to repair a ceiling fan. The injured worker complained of lumbar spine pain with stiffness. Prior surgical history includes L2-S1 laminectomy with fusion from L3-L5 performed on 10/23/2013. The injured worker's prior diagnostics include an x-ray of the lumbar spine. The injured worker's past treatments include medication therapy and physical therapy. On physical examination dated 05/14/2014, the injured worker indicated that he continued to have some pain across the low back with dull discomfort radiating toward the buttocks and lateral thighs but that overall his legs were significantly improved. Examination revealed 5/5 strength in the bilateral lower extremities which was an improvement and he was able to heel and toe walk. He continued to have slight decreased sensation over the right lateral calf and foot dorsum bilaterally. The injured worker's medications were Zolpidem Tartrate 10mg, Omeprazole 40mg, Amlodipine Besylate 10mg, Valacyclovir Hcl 500mg, Cyclobenzaprine 10mg, Hydrocodone/Acetaminophen 10/325mg, Alprazolam 0.5mg, Lomotil, Sertraline Hcl 50mg, Rifampin 300mg, Cialis 20mg and Tobramycin Sulfate Ophthalmic Solution 0.3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

one medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS), medications for chronic pain are recommended for pain relief with the use of medications is generally temporarily and measures for the lasting benefit from this modality should include evaluating effects of pain relief in relationship to improvements in function and increased activity. There is lack of clinical documentation as to any evidence of functional deficits and/or pain. Additionally, there is lack of documentation provided on the request as to the type of medicine, the dosage of medicine and the frequency of the medication. As such, the request for one medication is not medically necessary and appropriate.