

Case Number:	CM14-0131787		
Date Assigned:	08/20/2014	Date of Injury:	05/06/2009
Decision Date:	09/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 35-year-old female who has submitted a claim for thoracic disc degeneration associated with an industrial injury date of May 6, 2009. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of right sided neck pain, mid back pain and low back pain with tingling in the right arm. On examination, patient was found to have decreased range of motion in the cervical and lumbar spine; mild pain in the low and mid back; reduced muscle strength on the right side and decreased sensation on the right leg to heel. Treatment to date has included medications. Utilization review from August 7, 2014 modified the request for MSER 60mg #135 to MSER 60mg #50 because the medication was not medically necessary due to lack of functional improvement. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 60mg #135: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The UR mentioned of review #108921 on June 27, 2014 that the patient had been weaning off this medication due to the lack of objective functional improvement. The patient was given 62 tablets for this purpose. Increasing the requested amount to #135 with no significant change in symptoms is not consistent with a weaning process. There is also no documentation as to how much of this medication the patient has been taking in the recent weeks, given the dosing regimen of thrice a day. Therefore, the request for MSER 60mg #135 is not medically necessary.