

Case Number:	CM14-0150763		
Date Assigned:	09/19/2014	Date of Injury:	02/15/2011
Decision Date:	10/22/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopedic Medicine and is licensed to practice in New York. 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 male with a date of injury of February 15, 2011. The patient has chronic back pain. He's had lumbar fusion with hardware removal. He's had spinal cord stimulator. He has persistent pain. Neurophysiologic testing is reported as normal. Physical exam shows normal motor function. X-ray show maintained position of lumbar hardware without evidence of failure fusion. The patient continues to have chronic back pain. He is using narcotics for pain. At issue is whether additional medications are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: This patient does not meet establish criteria for additional narcotic medications. Specifically guidelines do not recommend narcotic medicine for chronic pain. Also the medical records do not document that the patient involved in a functional restoration program. In addition the medical records do not document substantial improvement with

function with previous narcotic usage. Additional narcotic usage not supported by current guidelines.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: This patient does not meet establish criteria for additional narcotic medications. Specifically guidelines do not recommend narcotic medicine for chronic pain. Also the medical records do not document that the patient involved in a functional restoration program. In addition the medical records do not document substantial improvement with function with previous narcotic usage. Additional narcotic usage not supported by current guidelines.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: This patient does not meet establish criteria for muscle relaxant medicine. Simply the patient has chronic low back pain has a spinal cord stimulator placed. Guidelines do not recommend the use of muscle relaxants and chronic low back pain. Guidelines do not support the use of chronic muscle relaxants in the chronic pain setting. The medical records indicate the patient is early had muscle relaxants treatment. Additional muscle relaxant medication is not medically necessary.