MAXIMUS Federal Services

Case Number:	CM14-0150843		
Date Assigned:	09/19/2014	Date of Injury:	08/21/2001
Decision Date:	11/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 on 08/21/2001. The mechanism of injury is not provided. On 04/30/2014 the injured worker presented with bilateral lower back and left hip pain. Current medications included Lunesta, Norco, Nuvigil, Ultram, and Dilaudid. Upon examination of the lumbar spine there was a restricted range of motion and tenderness over the paravertebral muscles on the left side. There was a positive left sided straight leg raise. The diagnoses were status post lumbar fusion L4-5, bilateral lower extremity radiculopathy as evidenced by muscle wasting on the left lower extremity and reactive depression, bilateral lower extremity neuropathic pain, bilateral chronic regional pain syndrome, and intractable pain syndrome. The provider recommended Norco and Ultram, the provider's rationale is not provided. The Request For Authorization was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Norco 10/325 mg in the quantity of #180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, proven medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Ultram ER 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Ultram ER 300 mg in the quantity of #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, proven medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request that was submitted. As such, medical necessity has not been established.

Dilaudid 4 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Dilaudid 4 mg is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, proven medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request that was submitted. As such, medical necessity has not been established.