

Case Number:	CM14-0154939		
Date Assigned:	09/25/2014	Date of Injury:	01/14/2004
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 & Rehabilitation 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 injured worker is a 63-year-old male who reported an injury on 01/14/2004. The mechanism of injury was a motor vehicle accident. The diagnoses included left sacroiliac joint pain, sacroiliac joint arthropathy, central disc protrusion at L3-4, right disc protrusion, lumbar facet joint arthropathy, and lumbar degenerative disc disease. The previous treatments included surgery and medication. Within the clinical note dated 08/01/2014, it was reported the injured worker complained of bilateral low back pain radiating to the buttock, left worse than right. He rated his pain 7/10 in severity. Medication regimen included Lyrica, Coumadin, Fluoxetine, Crestor, MS Contin, MSIR, and aspirin. Upon the physical examination, the provider noted the injured worker had tenderness upon palpation of the lumbar paraspinal muscles and left sacroiliac joint sulcus. The bilateral lower extremity range of motion was restricted by pain in all directions. The lumbar range of motion was restricted by pain in all directions. The provider requested MSIR for severe pain. The request for authorization was submitted and dated 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30MG QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen for inpatient treatment with issues of abuse, addiction or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

MSIR 60MG QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen for inpatient treatment with issues of abuse, addiction or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.