

Case Number:	CM14-0158527		
Date Assigned:	10/02/2014	Date of Injury:	10/07/2013
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 with a reported date of injury of 10/07/2013. The patient has the diagnoses of lumbar facet hypertrophy. Past treatment modalities have included lumbar medical branch block. Per the most recent progress reports provided for review by the primary treating physician dated 08/26/2014, the patient had complaints of low back pain rated a 3/10. The physical examination noted lumbar paravertebral muscle tenderness, sacroiliac joint tenderness bilaterally, positive lumbar facet joint loading test on the right at L4/5 and L5/S1. Treatment plan recommendations included request for radiofrequency ablation at the right L4-5 and L5/S1 and continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrophone/APAP 5/325mg #30: Overturned

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): 80.

Decision rationale: The California chronic pain medical treatment guidelines section on the use of opioids for chronic back pain states:- Chronic back pain: Appears to be efficacious but limited

for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007) There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. (Deshpande, 2007) The patient has not been prescribed this medication for long-term use. Per the progress notes the medication has been prescribed for severe breakthrough pain and not for chronic pain management. This is in compliance with the listed use above for short-term pain relief. Therefore criteria have been met and the request is certified.