

Case Number:	CM14-0168290		
Date Assigned:	10/30/2014	Date of Injury:	12/02/2008
Decision Date:	12/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 28 year old male who was injured on 12/2/2008. The diagnoses are lumbar strain. The MRI of the lumbar spine in 2009 showed multilevel disc bulges. The past surgery history was significant for lumbar discectomy with fusion after failed epidural steroid injection in 2010. [REDACTED] noted subjective complaint of low back pain that remained unchanged over the duration of the available medical records. The medical records did not include any detail on qualitative, quantitative evaluation of pain or psychosomatic symptoms indicative and characteristic of a drug addiction. The medications listed are Celebrex and Norco for pain, Soma for muscle spasm and Tessalon a cough medication for unknown indication. There was no detail of total daily medication dosage, adverse effects or aberrant drug behavior. A Utilization Review Determination was rendered on 9/18/2014 recommending non certification for Drug Rehabilitation Intervention Program 14-30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug rehabilitation intervention program, 14-30 days: 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 9792.24.2 Page(s): 74-96,124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient should be evaluated and monitored for signs and symptoms of addiction during chronic opioid treatment. The chronic use of opioid medications is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. It is recommended that documentations should include compliance monitoring such as UDS, functional restoration, absence of aberrant drug behavior or adverse drug effects, and the presence of other 'red flags'. Patients on low dose opioids without co-existing psychosomatic conditions can be safely weaned in the clinic setting. It is recommended that patients on high dose opioids who are also utilizing multiple sedatives and psychiatric medications be referred to Pain Management Programs or Addiction specialists for safe weaning. The records did not indicate the total daily dosage of the opioid medication and Soma that is being utilized by the patient. There is no documentation of the presence of 'red flag', addiction behavior or adverse medication effect. There is no UDS report. The criteria for the referral to Drug Rehabilitation Intervention Program 14-30 days was not met.