

Case Number:	CM14-0169111		
Date Assigned:	10/17/2014	Date of Injury:	09/14/1989
Decision Date:	11/19/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management 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 71 year old male with a date of injury on 9/14/1989. He underwent urine drug screening test with confirmation panel on 5/16/2014 and results indicate consistent results with prescribed medications. Per most recent records dated 9/2/2014, the injured worker returned to his provider with a primary complaint of low back and right leg pain. He had a brief pain inventory severity score of 5 and a brief pain inventory interference score of 5. He is noted with a prior status post three level fusion (1990), spinal cord stimulator (2006), and two level lumbar fusion (2010). He rated his pain at worst 9/10, least 4/10, average of 6/10 and described his pain as constant, shooting moderate, stabbing moderate, cramping moderate, hot-burning moderate, and aching moderate. He reported that his pain was made worse with twisting, lifting, after exercise, bending forward and backward, and prolonged positions. He also reported experiencing numbness and tingling sensation to the legs and bilateral feet. Objectively, he ambulated with a cane to the right side due to antalgic and wide-based gait. His spinal range of motion was limited in all planes. Dysesthesias and paresthesias and loss of protective sensation to the feet, 0-1 reflexes of the lower extremities were noted, 1+ in the upper extremities, and there was slight weakness to left heel walking still persisted. He is diagnosed with (a) degeneration of lumbar or lumbosacral intervertebral, (b) post-laminectomy syndrome of the lumbar region, (c) long term (current) use of opioids for pain control, and (d) chronic pain due to trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] pain program consultation for medication regimen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain disorder medical treatment guidelines, state of Colorado department of labor and employment, 4/27/2007 page 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: According to evidence-based guidelines, a provider may refer to other specialist if there is uncertainty or the case is extremely complex, when psychosocial factors are present or when the plan or course may benefit from additional expertise. A consultation is also used to aid in the diagnosis, therapeutic management, determination of medical stability and permanent residual loss and/or fitness for return to work. In this case, the injured worker's provider requested [REDACTED] consultation for medication regimen for a third opinion regarding the injured worker's medication regimen although records indicate weaning of long-term opioid has been recommended by previous reviews. However, records also indicate that the injured worker has been suffering from persistent low back pain and has undergone through all recommended treatments including surgery however his pain persisted which resulted to exploration of other treatment modalities including the use of spinal cord stimulation and chronic opioid treatment. Documentation states that occasional use of spinal cord stimulation and the long term use of pain medications brought down pain levels and there is evidence that the injured worker is consistently following his medication regimen without traces of drug abuse or aberrant behaviors. Consistent Controlled Substance Utilization Review and Evaluation System report and urine drug screening results attest to this. However, due to forceful withdrawal of his pain medications the injured worker is noted to be experiencing increased pain levels which are debilitating and limiting his functional activities. While the injured worker clinical presentation meets the ongoing management of pain with opioids other parts of the guidelines regarding the continued of opioids is not applicable (e.g. return to work) as the injured worker is already 71 years old and does not have the capability to adjust with the work-industry. His demographic profile complicates his current situation as the severity of his injuries can be affected by further degenerative changes thus increasing pain levels. Moreover evidence-based guidelines indicate that not to attempt lower the dose if it is working however due to abrupt withdrawal of medications and without medications the injured worker will be left to suffer miserably and the use of a pain consultation will provide more objective views of this injured worker's case whether pursued opioid therapy will still be beneficial for him or will it present more problems or complications. Based on these reasons, the medical necessity [REDACTED] [REDACTED] is established. According to the previous determination, it did not appear a referral to a pain program was medically appropriate for the injured worker at the time. While he continued to be symptomatic, the indication for referral was for third opinion regarding the injured worker's medication regimen however weaning of long-term opioid use has been recommended by previous reviews. Therefore this request is medically necessary.