

Case Number:	CM14-0170650		
Date Assigned:	10/23/2014	Date of Injury:	08/10/1995
Decision Date:	12/31/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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:

Patient has a date of injury of August 10, 1995. The patient takes multiple narcotics for pain. The patient has chronic back pain. She also has depression. She's been diagnosed with discogenic low back pain and fibromyalgia. She continues to take medication. At issue is whether additional narcotic medication is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg Quantity: 100 lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) chronic pain treatment guidelines do not recommend the use of chronic narcotics for chronic low back pain. The long-term use of narcotics for chronic low back pain is not recommended per guidelines. In addition the medical records do not document significant functional improvement with previous narcotic medication. Also there is no documentation that the patient is a functional restoration

program. Continued use of narcotics not medically necessary. This medication is not recommended per California (MTUS) guidelines for chronic low back pain.