

Case Number:	CM14-0023246		
Date Assigned:	05/12/2014	Date of Injury:	03/02/2011
Decision Date:	10/09/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in 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:

2/4/14 MRI of lumbar spine reports lumbar disc disease with bulges at L3-4, L4-5, and L5-S1. 9/12/13 PR-2 notes neck pain, shoulder pain, low back pain, and wrist pain. The pain is reported to be better. Return to modified work was recommended. FCE was recommended. 8/1/13 note indicates the insured was 5 months post left knee surgery. Almost full recovery was noted. There was persistent pain and Lorcet 7.5 mg was indicated by the insured as not being strong enough. Motor strength, sensation, and reflexes were normal. Norco was recommended for pain control, Xanax was recommended for sleep, and Prilosec was recommended for stomach protection. 1/30/14 note indicates pain persists. Medication for anxiety and pain was recommended. Examination noted stiff gait and the insured could not squat easily.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Low Back, MRI.

Decision rationale: The records indicate an MRI of lumbar spine from 2/4/14. There is no indication of progressive neurologic deficit, the presence of radiculopathy, or suspicion of cancer, or infection in support of MRI being needed. ODG guidelines do not support MRI of lumbar spine in absence of these.

Functional Capacity Evaluation: 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 Pain - General Approach and Assessment Page(s): 21.

Decision rationale: The claimant has undergone treatment and was recommended by the treating provider to return to work. FCE is supported under MTUS is provide guidance on functional ability to return to work.

Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, Opioids.

Decision rationale: UDS is supported in conjunction with ongoing opioid therapy for risk mitigation. Use of drug screening is supported under ODG guidelines when opioid therapy is used.

Xanax #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, Benzodiazepines.

Decision rationale: Benzodiazepines are not supported under ODG guidelines for chronic use due to rapid habituation. They are not recommended for hypnotic use related to sleep disorder.

Tramadol ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Pain, Opioids.

Decision rationale: The medical records support chronic pain with ongoing opioid use producing pain improvement with opioid risk mitigation process in place. ODG guidelines support use of long acting opioids for chronic pain.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

Decision rationale: The medical records provided for review do not document the presence of ongoing neuropathic pain in support of use of Gabapentin.

1 Pain Management Follow Up: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wrist and Hand, Follow-Up Visits.

Decision rationale: Ongoing follow-up with pain management for chronic pain condition is supported for the management of the insured under MTUS guidelines.