

Case Number:	CM14-0026162		
Date Assigned:	06/13/2014	Date of Injury:	05/30/2011
Decision Date:	08/14/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 44-year-old male who reported an injury on 05/30/2011. The injury reportedly occurred while apparently pushing a pallet of water on a truck and he got jarred apparently when he stopped suddenly and had pop with immediate pain to the back. The injured worker has a history of low back pain. Upon evaluation on 05/05/2014, the injured worker currently complained of pain in the lumbar spine with pins and needles and sense of weakness. His overall pain has worsened. The pain level was at 8/10. The objective findings showed the injured worker to have left L5-S1 hypesthesia, range of motion showed limitations. Finger to floor distance is 8 inches; extension was 50 degrees with guard. The injured worker had diagnoses of lumbar disc disease, spondylolisthesis, spondylosis, status post L5-S1 fusion, post-operative pulmonary emboli, and pneumonia. Diagnostic studies included a status post L5-S1 laminectomy, transforaminal lumbar interbody fusion (TLIF), and posterior spinal fusion (PSF), x-rays, electromyogram/nerve conduction velocity (EMG/NCV), a post-operative MRI of the lumbar spine on 06/30/2011 and on 09/23/2013. Medications included Norco, Thyroxine, vitamins, Coumadin daily, Lasix, Potassium, Zolpidem, Methadone, Bupropion, and Atorvastatin. The provider recommended pursuing a thin slice lumbar CT scan with reconstruction to definitely assess the status of the fusion. The request for authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 100mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The injured worker has a history of back pain. The California Medical Treatment Utilization Schedule (MTUS) recommends Bupropion as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects including excessive sedation should be assessed. There is lack of documentation to the effectiveness and side effects of medication. The request does not give a frequency for the medication. As such, the request is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg Quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The injured worker has a history of back pain. The California Guidelines recommend for opioids close monitoring. The monitoring should include a pain assessment of the current pain, the last reported pain, the intensity of the pain after taking the medication, and the length of time the pain was relieved. It is also recommended to monitor for pain relief, side effects, physical and sociological functional, as well as aberrant or non-adherent behaviors. There is a lack of documentation for the above factors. The request does not give a frequency for the medication to be given. Also, there is no drug screening for narcotics compliance within the documentation. As such, the request is not medically necessary.

Oxycontin 40mg Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The injured worker has a history of back pain. The California Guidelines recommend for opioids close monitoring. The monitoring should include a pain assessment of the current pain, the last reported pain, the intensity of the pain after taking the medication, and the length of time the pain was relieved. It is also recommended to monitor for pain relief, side

effects, physical and sociological functional, as well as aberrant or non-adherent behaviors. There is a lack of documentation for the above factors. The request does not give a frequency for the medication to be given. Also, there is no urine drug screening for narcotics compliance within the documentation. As such, the request is not medically necessary.