MAXIMUS Federal Services

Case Number:	CM14-0027753		
Date Assigned:	06/13/2014	Date of Injury:	09/08/2003
Decision Date:	07/16/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/04/2014

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 Occupational Medicine, 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 male with date of injury of 9/8/03. Per the primary treating physician's progress report dated 2/17/14, the injured worker complains of lower backache and left knee pain. The pain level has remained unchanged since last visit. He does not report any change in location of pain. There are no new problems or side-effects. His qualifity of sleep is fair. He is not trying any other therapies for pain relief. He denies any new injury since last visit, and his activity level has remained the same. He is taking his medications as prescribed. He states that medications are working well. No side effects are reported. He presents on time for his follow-up visit and medication refill. He states he has flare-ups of his back pain every now and then, but the current medication regimen helps. Overall he is doing well. On exam, lumbar spine range of motion is restricted with flexion limited to 40 degrees, extension limited to 0 degrees, and right and left lateral bending limited to 10 degrees. On palation, paravertebral muscle hypertonicity is noted bilaterally. Heel and toe walk are normal. Lumbar facet loading is positive bilaterally. Straight leg raise test is negative. Babinski's sign is negative. Left knee reveals a surgical scar. Range of motion is restricted with pain and range of motion. Tenderness to palpation is noted over the lateral joint line and medial joint line. No joint effusion noted. McMurray's test is positive. Motor strength of the extensor hallicus longus is 4/5 on right, and strength of the ankle dorsi flexors is 4/5 on right. Light touch sensation is decreased over lateral thigh on the right side and lateral calf on the left side. Sensation to pin prick is decreased over lateral calf on the right side. On examination of deep tendon reflexes, knee jerk is 1/4 on both sides. Diagnoses include lumbar radiculopathy, spinal lumbar degenerative disc disease, and lumbar disc disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System. Managing chronic non-terminal pain in adults including prescribing controlled substances. Ann Arbor (MI): University of Michigan Health System; 2011 Jan.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

Decision rationale: The MTUS guidelines do not generally recommend chronic use of opioid pain medications for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. The injured worker appears to have historical and current patterns suggestive of aberrant behavior with the use of opioid pain medications. There have also been prior weaning treatment recommendations. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. As such, the request is determined to not be medically necessary.

1 PRESCRIPTION OF MS CONTIN 60 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System. Managing chronic non-terminal pain in adults including prescribing controlled substances. Ann Arbor (MI): University of Michigan Health System; 2011 Jan.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

Decision rationale: The MTUS guidelines do not generally recommend chronic use of opioid pain medications for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. The injured worker appears to have historical and current patterns suggestive of aberrant behavior with the use of opioid pain medications. There have also been prior weaning treatment recommendations. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. As such, the request is determined to not be medically necessary.