

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0033103 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 04/02/2012 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 and Rehabilitation, 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 underlying date of injury in this case is 04/02/2012. The date of the utilization review under appeal is 03/05/2014. The patient's diagnosis include mid back pain and low back pain. On 04/14/2014, the primary treating physician saw the patient in follow-up of persistent mid and low back pain. The patient had no change since the prior visit. The patient's pain continued to be localized. The patient reported he was doing well with Ultracet twice daily and Prilosec once a day to prevent gastrointestinal upset. The patient was working full time, was walking and doing yoga for exercise. There were no significant changes in the patient's physical exam. MRI imaging showed possible spondylosis on the right at L4-L5 versus facet arthritic changes. There was a small right paracentral disc protrusion at one of the disc levels in the thoracic spine in the mid to upper level. The treating physician felt the patient was doing well on her current medication regimen. The treating physician recommended continue with Ultracet and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

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 Opioids, Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Opioids Ongoing Management, page 78, discusses the 4 A's of opioid management including the recommendation to screen for possible aberrant behavior and to clearly document functional goals and functional benefit from ongoing opioid use. The same guidelines do not recommend opioids for chronic low back pain in particular unless there is a clear rationale and functional benefit not achievable without opioid medications. Since details are not documented in this case, a rationale for ongoing opioid use in this chronic situation is not documented. This request is not medically necessary.

Omeprazole 20mg #20: Upheld

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 Opioids, Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Opioids Ongoing Management, page 78, discusses the 4 A's of opioid management including the recommendation to screen for possible aberrant behavior and to clearly document functional goals and functional benefit from ongoing opioid use. The same guidelines do not recommend opioids for chronic low back pain in particular unless there is a clear rationale and functional benefit not achievable without opioid medications. Since details are not documented in this case, a rationale for ongoing opioid use in this chronic situation is not documented. This request is not medically necessary.