

Case Number:	CM14-0041320		
Date Assigned:	08/01/2014	Date of Injury:	02/17/2000
Decision Date:	08/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 and is licensed to practice in Nevada. 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 63-year-old male who was reportedly injured on February 17, 2000. The mechanism of injury was noted as a fall from a platform. The most recent progress note dated January 15, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'11", 195 pound individual who is normotensive. There is tenderness to palpation of the lower lumbar spine, and foraminal compression was also positive. Straight leg raising was reported as positive. Diagnostic imaging studies indicated degenerative changes. Previous treatment included lumbar surgery, multiple medications, physical therapy and pain management interventions. A request was made for Soma and Norco and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Soma 350mg, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Carisoprodol, page 29 of 127 Page(s): 29 OF 127.

Decision rationale: When noting the date of injury, the injury sustained, the current complaints and by the lack of specific objective occasion of the efficacy or utility of this medication and by the parameters outlined in the California Medical Treatment Utilization Schedule, which recommends the use of this medication for long-term use, there is insufficient clinical data presented support this request. There is no narrative noted that would support the use of this medication and as such is not medically necessary.

1 Prescription of Norco 10/325mg, #210 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 74-78 of 127 Page(s): 74-78 OF 127.

Decision rationale: The records reflect that other narcotic analgesics are being prescribed to address the pain complaints. Furthermore, a weaning protocol has been initiated. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule and that this medication is only indicated for the short-term management of moderate to severe breakthrough pain, there is no clinical indication that this is the protocol being employed to use this medication. Furthermore, the progress notes presented did not identify any specific efficacy with use of this medication. There is no increase in functionality, no decrease in pain, and the physical examination has been unchanged. Therefore, the request is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the injury sustained, the findings on current physical examination and the lack of any progressive neurological disorders or any other finding on physical examination that would support the need for a repeat of this diagnostic investigation, there is no medical evidence presented to pursue this. The request is not medically necessary.

1 prescription of Oxycontin (January) 80mg, 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 74, 78, 93 of 127 Page(s): 74, 78, 93 of 127.

Decision rationale: When noting the current complaints offered by the injured employee, and by the physical examination reported, noting the pain level continues to be 9/10 with no amelioration of symptomatology identified. There was no clear clinical indication that this medication presents any noted utility, efficacy or of stated intent. Therefore, when noting that the guidelines limit this medication in terms of its functionality, based on the morphine equivalent dosage of 120, there is no indication that this has any benefit. Therefore, when noting the specific parameters offered by the injured employee and by the guidelines, the medical necessity for this medication has not been established. A comprehensive clinical evaluation would be necessary. Therefore the request is not medically necessary.

1 MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the injury sustained, the findings on current physical examination and the lack of any progressive neurological disorders or any other finding on physical examination that would support the need for a repeat of this diagnostic investigation, there is no medical evidence presented to pursue this. The request for 1 MRI of the thoracic spine is not medically necessary.

1 MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: When noting the mechanism of injury, the injury sustained, the ongoing complaints, there is no data presented to suggest that there is any internal arrangement of the knee and require such intervention. Therefore, based on the limited clinical rationale presented for review, this request is not medically necessary.