

Case Number:	CM14-0044075		
Date Assigned:	07/02/2014	Date of Injury:	04/05/2013
Decision Date:	08/22/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

IMUS 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 injured worker is a 53 year old male who reported an injury on 04/05/2013. The mechanism of injury was not stated. The current diagnosis is lumbar radiculopathy secondary to failed back surgery syndrome. It is noted that the injured worker has undergone a lumbar spine fusion in 2010. The injured worker was evaluated on 01/06/2014 with complaints of lower back pain. The physical examination was not provided on that date. It was noted that the latest MRI scan of the lumbar spine indicated a spinal fusion with instrumentation at L5-S1 and spondylosis at L2-3 and L3-4. The previous conservative treatment includes medication management and a lumbar epidural steroid injection in 12/2013. The treatment recommendations at that time included prescriptions for Percocet 5/325 mg, methadone 10 mg, Xanax 1 mg, and a second lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Percocet 5/325 mg since 09/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Xanax 1mg #85: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. There was also no frequency listed in the current request. As such, the request is not medically necessary.