

Case Number:	CM14-0044314		
Date Assigned:	06/20/2014	Date of Injury:	08/17/2009
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Neurological Surgery 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 41 year-old male who was reportedly injured on August 17, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated April 30, 2014, indicates that there are ongoing complaints of low back, left shoulder and left flank pain. The medication profile (Naprosyn, Flexeril, gabapentin and MS Contin) are well tolerated. It is reported the medications low or moderate functionality. There is increased pain with bending, stooping and squatting. The physical examination demonstrated a 5'8", 292 pound individual "in no acute distress." Strength is under 5/5, a slight decrease in sensation of the lateral aspect of the left leg is noted. There is tenderness to palpation lower lumbar region. Diagnostic imaging studies reported a positive electromyography (EMG), and the previous examination noted changes consistent with low testosterone. Previous treatment includes narcotic medications, epidural steroid injections and other pain management interventions. A request was made for the medications morphine and Anaprox and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg, #90 1 by mouth every 8 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation official disability guidelines ,long acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127.

Decision rationale: Subsequent to a prior noncertification, a comprehensive progress note is submitted addressing several of the above issues noted associated with the noncertification. The use of this medication is noted to allow for some ambulation (30 minutes) and several activities of daily living around the house. However, the issues relative to the length of time this particular addictive medication has been used, the issue of not addressing potential complications such as gastrointestinal or cardiovascular risk factors, and that there is no opioid contract or routine urine screening completed, leads to a lack of medical necessity for the ongoing uses preparation. A comprehensive assessment needs to be presented prior to any establishment of medical necessity.

Anaprox 550mg, #60 1 by mouth twice a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines -long term NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22; 67-68.

Decision rationale: The MTUS supports the use of anti-inflammatories for the management of chronic low back pain and indicates that current evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs in the treatment of chronic low back pain. However, the MTUS also notes long-term use may not be warranted. Based on the clinical documentation provided, the claimant has been taking naproxen for an unspecified duration time, but no specific complaints with regards this medication including gastrointestinal (G.I.) upset or G.I. bleed have been noted. Given the documented effectiveness of this medication, general support for this medication by the MTUS, and tolerance of this medication by the claimant, the request is considered medically necessary.