

Case Number:	CM14-0054262		
Date Assigned:	09/23/2014	Date of Injury:	07/13/1994
Decision Date:	11/20/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/23/2014

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:

This patient is a 62 y/o female who developed chronic spinal pain subsequent to an injury dated 7/13/94. She has had spinal surgery and has been diagnosed with a post laminectomy syndrome with neuropathic pain affecting the left more than the right lower extremity. She has been utilizing Opioids long term and it is clearly documented that in addition to partial pain relief, ADL's, walking and exercise tolerances are improved. There is no history of medication misuse. Pain levels vary from 6-9/10 VAS scores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #30: Upheld

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

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

Decision rationale: MTUS Guidelines do not support the long term use of Benzodiazepines. Recommended use is limited to 4 weeks or less. There are no unusual circumstances to support an exception to Guidelines. The Alprazolam .5mg. #30 is not medically necessary.

Opana ER 20 mg #120.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the careful use of Opioid mediations when there is absence of misuse, pain relief is provided and there is an improvement in function as a result of use. This patient meets the Guideline criteria for long term Opioid use. The Opana ER 20mg. #120 is medically necessary.

Percocet 10-325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the careful use of Opioid mediations when there is absence of misuse, pain relief is provided and there is improvement in function as a result of use. This patient meets the Guideline criteria for long term Opioid use. The Percocet 10/325mg. #180 is medically necessary.