

Case Number:	CM14-0063052		
Date Assigned:	07/11/2014	Date of Injury:	07/28/2005
Decision Date:	08/18/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 03/28/2012. The mechanism of injury was not stated. Current diagnoses include lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, opioid dependency, chronic pain, and severe extension stenosis at L4-5. The injured worker was evaluated on 02/24/2014 with complaints of 8/10 low back pain with radiation into the right lower extremity. Physical examination revealed tenderness to palpation, myofascial trigger points, limited lumbar range of motion, and positive straight leg raise on the right. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

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 this medication since 02/2013 without any evidence of objective functional improvement. The injured worker continues to report 8/10 lower back pain with the current medication regimen. There is no change in the injured worker's physical examination that would indicate functional improvement. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.

Norco 10/325mg #85: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

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 this medication since 02/2013 without any evidence of objective functional improvement. The injured worker continues to report 8/10 lower back pain with the current medication regimen. There is no change in the injured worker's physical examination that would indicate functional improvement. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.