

Case Number:	CM14-0086421		
Date Assigned:	07/23/2014	Date of Injury:	04/11/2002
Decision Date:	09/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 48 year-old male who was reportedly injured on April 11, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 20, 2014, indicates that there are ongoing complaints of low back and bilateral knee pain. The physical examination demonstrated a 5'10", 180 pound individual who is normotensive. The physical examination is reported to be unchanged. Diagnostic imaging studies were not presented for review. Previous treatment includes cervical surgery, multiple medications, injections, physical therapy and home exercise protocol. A request was made for medications and injections and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #150 with five refills: Overturned

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, 78, 93.

Decision rationale: When noting the current clinical records presented, there is objectification of a marked improvement in the overall functionality of the injured employee. It is now stated

(which was not the case with prior progress notes) that the injured employee is able to get up, manages child, conduct homeschooling and other activities based on the utilization of the analgesic medication. In that there is no objective occasion of improved function and decrease pain. Therefore, the request of Oxycontin 60mg #150 with five refills is medically necessary and appropriate.

One Medial Branch Block; Three times a year if needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back; Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) California guidelines PRF Page(s): 102.

Decision rationale: As noted in the guidelines, there is no specific recommendation for or against this type of intervention. However, such an injection provided only temporary relief of pain. It is noted that the pain is evaluated with the oral medication. Furthermore, there is no objectification of facet joint disease or facet mediated pain. Therefore, there is no clinical indication presented to support the medical necessity of such an intervention. Therefore, the request of one Medial Branch Block; Three times a year if needed is not medically necessary and appropriate.

Norco 10/325mg #150 with five refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: The most recent progress note presented for review objectified the functional improvement and clinical indication for the analgesic medications being prescribed. It is noted that the injured employee is on a center release medication and there is occasional price complaint. As such, when noting the increase functionality and decrease in pain complaints there appears to be a clinical indication. Therefore, the request of Norco 10/325mg #150 with five refills is medically necessary and appropriate.