

Case Number:	CM14-0086810		
Date Assigned:	07/23/2014	Date of Injury:	11/02/2001
Decision Date:	10/14/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family 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:

The injured worker is a 51 year old female with a documented date of injury of 11/02/01. No specific mechanism of injury was noted. The injured worker had been suffering from low back pain that was chronic. There was an Agreed Medical Exam supplemental report dated 01/03/12 noting that the injured worker did have a prior lumbar laminectomy in 2002 followed by a lumbar fusion in 2003. The injured worker has had prior injections followed by a third surgery in 2010. No improvement had been obtained with this last procedure. There was an appeal letter for the injured worker dated 03/05/14. There was no further evaluation of this injured worker provided for review. The injured worker's requested medications were denied on 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of

this requested medication. Given the paucity of any current condition or requirement for this requested medication, the requested medication is not medically necessary.

Soma 350mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of this requested medication. Given the paucity of any current condition or requirement for this requested medication, the requested medication is not medically necessary.

Lyrica 100mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of this requested medication. Given the paucity of any current condition or requirement for this requested medication, the requested medication is not medically necessary.

Ativan 1mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG - Pain

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

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of this requested medication. Given the paucity of any current condition or requirement for this requested medication, the requested medication is not medically necessary.