

Case Number:	CM14-0088494		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2001
Decision Date:	09/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 12/10/2001. The mechanism of injury was not provided for clinical review. The diagnoses include chronic low back pain, chronic pain syndrome, depression secondary to pain, bilateral facet arthritis, bilateral lower extremity leg radiculopathy with mild stenosis, moderate chronic L4-5 radiculopathy. Previous treatments included medication, surgeries. Diagnostic testing included EMG/NCV and MRIs. Within the clinical note dated 08/20/2014, it was reported the injured worker complained of constant low back pain. He rated his pain 4/10 in severity with radiation down to the toes on the right. He described the pain as numbness, tingling, and burning sensation in the left lower extremity. The injured worker reported his quality of life is limited due to pain. Upon the physical examination, the provider noted the injured worker had trigger points of the lumbar spine over L3-S1 and paraspinal muscles. The provider requested MS Contin. However, rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.