

Case Number:	CM14-0094914		
Date Assigned:	07/25/2014	Date of Injury:	06/19/2002
Decision Date:	09/12/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 51 year old female who had a work related injury on 06/19/2002. The injured worker was about to adjust a patient and the patient's child was playing next to the adjusting table in the corner of the room. The x-ray view box tipped forward toward the child and the patient. The injured worker reached out across the patient extending over the adjusting table to grasp and stabilize the view box lifting it and replacing the view box back upright on the side of the room. The injured worker explained this same mechanism of injury occurred a second time in a different room on the same day about 15 minutes later. After the second incident she notified the office manager of pain in her lower back at the L5-S1 region, worse on the right with spasming. Most recent clinical documentation dated 08/01/14 indicates that the injured worker returns to the office for routine follow up medication management for her work related injury. The injured worker continues to work as a chiropractor at least on a part time basis. The pain relief ranges anywhere from 20% to 60% or so. The injured worker stretches daily, does yoga every single morning, works 4 days per week, does not abuse her medication, and is always current and consistent with all of her medications. An opiate taper was not initiated because an opiate taper is not warranted at this time. They have already tapered her patch and cannot taper any further without a decrease in her function. Opiate risk score is low. Pain scale on daily activities in the last month has been at a level 5. Pain is a 6/10 on the visual analog scale (VAS) with medication and 8/10 (VAS) without medication. Prior utilization review on 06/14/14 was modified to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/ Acetaminophen; Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications and the patient is able to continue to work as a result. Therefore medical necessity has been established.