

Case Number:	CM14-0095881		
Date Assigned:	07/25/2014	Date of Injury:	05/04/2011
Decision Date:	10/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 North Carolina. 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 patient is a 39-year-old with a reported date of injury of 05/04/2011. The patient has the diagnoses of lumbar spine radiculitis, status post lumbar fusion, symptomatic hardware and status post lumbar hardware removal. Past treatment modalities have included lumbar surgical intervention. Per the most recent progress notes provided for review by the primary treating physician dated 04/03/2014, the patient had complaints of chronic low back pain and cervical spine pain. The physical exam noted lumbar spasm with pain with range of motion. There was a positive straight leg raise test and Lasegue test on the right. There was decreased sensation on the right at L5-S1. Treatment plan recommendations included request for Aspen lumbar spine corset, physical therapy and medication modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fentanyl 75 mcg, QTY: 15 refilled 4-3-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there is documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do not note the patient's work status. The progress notes state the patient is continuing to experience pain with no provided VAS pain scale evaluation. The patient continues to have pain without documented significant improvement in other outcome measures and function. For these reasons the Guidelines criteria set forth for ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.

Retrospective request for Dilaudid 4 mg, QTY: 120 refilled 4-3-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there is documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do not note the patient's work status. The progress notes state the patient is continuing to experience pain with no provided VAS pain scale evaluation. The patient continues to have pain without documented significant improvement in other outcome measures and function. For these reasons the Guidelines criteria set forth for ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.