

Case Number:	CM14-0099208		
Date Assigned:	07/28/2014	Date of Injury:	03/27/2010
Decision Date:	09/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 38-year-old male who reported an injury on 03/27/2010. The mechanism of injury involved repetitive lifting. The current diagnosis is low back pain, status post revision left L5-S1 discectomy on 07/30/2013. The latest physician progress report submitted for this review is documented on 03/10/2014. The injured worker presented with complaints of lower back pain with left lower extremity pain. It is noted that the injured worker was currently utilizing anti-inflammatory medication with minimal improvement in symptoms. Physical examination on that date revealed tenderness to palpation over the paraspinal musculature, palpable muscle spasm, limited lumbar range of motion, decreased sensation along the L5 dermatomes bilaterally, normal motor strength, and 2+ deep tendon reflexes. Treatment recommendations at that time included modified activity and a followup office visit. There were no prescriptions issued on that date. It is noted that the injured worker was filing for an Independent Medical Review regarding an L5-S1 revision decompression and fusion. There was no DWC Form RFA submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix Nasal Spray 15.75 mg for breakthrough pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/Sprix> (ketorolac tromethamine nasal Spray).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There is no documentation of this injured worker's current utilization of this medication. There is no mention of an acute exacerbation of chronic pain. There is also no quantity listed in the request. As such, the request is non-certified.

Hydrocodone/ APAP (Norco) 10/325 mg #60, with two refills for pain relief: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of this injured worker's current utilization of this medication. There is no evidence of a failure to respond to nonopioid analgesics. There was no documentation of a written pain consent or agreement for chronic use of an opioid. Based on the clinical information received, the request is non-certified.