

Case Number:	CM13-0048324		
Date Assigned:	04/04/2014	Date of Injury:	09/25/2010
Decision Date:	03/30/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old male who reported an injury on 09/25/2010. The mechanism of injury was not stated. The injured worker is currently diagnosed with lumbar disc disease. The latest physician progress report submitted for this review is documented on 09/18/2013. The injured worker presented with complaints of chronic neck and low back pain. Additionally, the injured worker reported episodic incontinence. It is also noted that the injured worker was status post craniotomy as well as cervical fusion. The current medication regimen includes Percocet 7.5/325 mg, Celexa 20 mg, and tizanidine 4 mg. Upon examination, there was increased low back pain with flexion and extension, as well as increased neck pain with flexion, extension, and rotation. Recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OXYCODONE/APAP 7.5/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

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

Decision rationale: The 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. The injured worker has continuously utilized the above medication for an unknown duration. There was no recent physical examination provided for this review. There was no documentation of a written consent or agreement for chronic use of an opioid. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

PRESCRIPTION OF CITALOPRAM HBR 20MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The California MTUS Guidelines do not recommend SSRIs as a treatment for chronic pain, but they may have a role in treating secondary depression. While it is noted that the injured worker had a medical history of depression, it is unclear how long the injured worker has utilized the above medication. There is no mention of functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.