

Case Number:	CM14-0015010		
Date Assigned:	02/28/2014	Date of Injury:	07/14/1998
Decision Date:	01/31/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Utah. 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 fifty-eight year old female who sustained a work-related injury on July 14, 1998. A request for Norco 10/325 mg #60 and Ultram ER 150 mg #60 was non-certified in Utilization Review (UR) on February 3, 2014. Upon review of the medical documentation submitted for review, the UR physician determined that the injured worker developed a flare of symptoms after a two-year absence of medical care. The evaluating provider did not document the injured worker's functional benefit related to each individual medication. The UR physician utilized the California (CA) MTUS Chronic Pain Treatment Guidelines in the determination. A request for independent medical review (IMR) was initiated on February 6, 2014. The medical documentation submitted for IMR included physician's reports from May 23, 2010 through January 24, 2014. A physician's evaluation dated June 28, 2014 revealed that the injured worker complained of low back pain with radiation of pain to the right foot and the left hip. X-rays taken that day revealed L4-5, L5-S1 disc degeneration and L4-5 spondylolisthesis grade 1; There was no significant degenerative changes, foraminal stenosis or narrowing. Previous imaging included an x-ray of the lumbar spine on August 17, 1998 which was normal and revealed no degenerative changes. An MRI on November 10, 2000 revealed multi-level disc degeneration. Computed Tomography of the lumbar spine in 2001 revealed L4-5 spondylolisthesis, moderate to severe facet arthropathy, bilateral foraminal stenosis and disc bulge of L5-S1. The evaluating physician's diagnoses of spondylosis of L4-5 and L5-S1, instability and spondylolisthesis L4-5 and spinal stenosis L4-5 and L5-S1 were based on a ten-year old MRI scan and CT. A physician's report of May 23, 2010 indicated the injured worker continued to have low back pain with radicular pain down the right posterior thigh and left posterior hip. The evaluating physician noted that the medications provided temporary relief and recommended a lumbar epidural steroid injection. The injured worker was evaluated for radiofrequency ablation on January 24, 2014

complaining of low back pain radiating to the right calf. She had an Emergency Department visit a few days prior to the evaluation and was given pain medication injections. On examination, she had a negative straight leg raise, absent deep tendon reflexes and her neurological examination was intact to motor strength and sensation. Previous treatments include physical therapy, chiropractic treatment and medications. Her work status was defined as permanent and stationary and she medically retired in 2005.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325 mg #60 DOS:1/24/14: Overturned

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 Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS asks if previous reasonable alternatives have been tried. The patient has tried NSAIDs. The patient has also responded well to this medication in the past. According to the clinical documentation provided and current MTUS guidelines; Norco is indicated a medical necessity to the patient at this time.

Retrospective request for Ultram ER 150mg #60 DOS:1/24/14: Overturned

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 Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS asks if previous reasonable alternatives have been tried. The patient has tried NSAIDs. The patient has also responded well to this medication in the past. According to the clinical documentation provided and current MTUS guidelines; Ultram is indicated a medical necessity to the patient at this time.