

Case Number:	CM14-0203118		
Date Assigned:	12/15/2014	Date of Injury:	05/28/2013
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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, and is licensed to practice in Arizona. 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 56 year old female with date of injury 5/28/2013. She was in the course of her usual duties when she slipped and fell on a piece of paper at work. She is currently being managed for low back pain. Her diagnoses include low back pain due to multilevel degenerative disc disease and right L5 radiculopathy. Her office visit dated 10/8/2014 noted her pain as a 7/10, but goes up to 10/10 depending on her level of activity, her pain is said to radiate down the L5 dermatomal distribution. She is being managed on gabapentin, tramadol and norco. She has also had MS Contin added which the injured worker reports helps her achieve better pain control and the injured worker seems happy with her current regimen. She had mild to moderate improvement in her symptoms with fluoroscopically guided right L4 and L5 transforaminal epidural steroid injections. Her physical exam on 10/8/2014 revealed tenderness to palpation at L4-5, L5-S1. She also had facet joint tenderness which was worse on the right. She had limited range of motion in all planes due to pain, she had reduced muscle strength on the right as well as reduced sensation on the dorsal aspect of the right foot and over the medial malleolus of the right foot, straight leg raise test was positive on the right. She is working modified duty and is being worked up for surgical intervention. The request is for MS Contin 15mg # 60 and Norco 5/325 # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DOS 10/08/14 MS Contin 15 mg #60: Overturned

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): 74-96.

Decision rationale: Per MTUS Opioids are recommended in the treatment of chronic pain, on-going management should include the 4 A's which are Analgesia, Activities of daily living, Adverse side effects and Aberrant drug taking behaviors, A review of the medical records reveal that the injured worker is experiencing pain relief and has returned to modified duty work, she has not reported any side effects and seems to be happy with the meds and she appears to be compliant with her treatment regimen and is being worked up for surgical intervention, based on these observations there does not appear to be any reason to change her treatment regimen at this time, Per MTUS opioids should be continued if the patient has returned to work and has improved functioning and pain, therefore the request for MS Contin 15 mg # 30 is medically necessary in the injured worker.

Retrospective request for DOS 10/08/14 Norco 5/325 mg #90: Overturned

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): 74-96.

Decision rationale: Per MTUS Opioids are recommended in the treatment of chronic pain, on-going management should include the 4 A's which are Analgesia, Activities of daily living, Adverse side effects and Aberrant drug taking behaviors, A review of the medical records reveal that the injured worker is experiencing pain relief and has returned modified duty work, she has not reported any side effects and seems to be happy with the meds, she appears to be compliant with her treatment regimen and is being worked up for surgical intervention, based on these observations there does not appear to be any reason to change her treatment regimen at this time, therefore the request for Norco 5/325 mg # 90 is medically necessary in the injured worker.