

Case Number:	CM14-0203172		
Date Assigned:	12/15/2014	Date of Injury:	02/22/2013
Decision Date:	03/16/2015	UR Denial Date:	12/04/2014
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. 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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 02/21/2013. The mechanism of injury was not stated. The current diagnoses include chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, sacroiliitis, acute renal failure, myocardial infarction, spinal stenosis in the lumbar region, and degeneration of lumbar or lumbosacral intervertebral disc. The injured worker presented on 12/03/2014 with complaints of persistent lower back pain with right lower extremity radiculopathy. The injured worker has been previously treated with physical therapy and medication management as well as a lumbar epidural steroid injection. The current medication regimen includes Norco, Neurontin, Flexeril, and Prilosec. Upon examination, there was moderate tenderness and spasm across the lumbosacral area at the L5-S1 level. Lumbar flexion was limited by 50%. Range of rotation was limited to 10 degrees bilaterally. There was positive straight leg raising bilaterally in the sitting position, and positive Patrick's test with diminished sensation in the bilateral calves and feet. Recommendations 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:

Norco 10/325 #60: 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: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker 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 this medication without any evidence of objective functional improvement. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Flexeril 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state, muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized Flexeril 10 mg. There is no documentation of objective functional improvement. Guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Neurontin 300 MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state Neurontin has been recommended for treatment of neuropathic pain. The injured worker has continuously utilized the above medication without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Prilosec 20 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitors, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not currently meet criteria for the requested medication. As such, the request is not medically appropriate.

Oxycodone/Hydrochloride 20 MG #120: 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: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker 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 this medication without any evidence of objective functional improvement. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. There was also no frequency listed in the request. As such, the request is not medically appropriate.