

Case Number:	CM14-0205496		
Date Assigned:	12/17/2014	Date of Injury:	04/18/2011
Decision Date:	02/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 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:

Patient is a 60 year-old male with date of injury 04/18/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/15/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed diminished range of motion in all planes with pain. Facet loading was positive for pain. Motor strength was 5/5 for bilateral lower extremities. Sensation was diminished to light touch along the anterior thigh dermatomes of the lower left extremity. Straight leg raise was negative bilaterally for radicular symptoms until 60 degrees. Femoral stretch test was positive on the left. Diagnosis: 1. Low back pain 2. Hand pain 3. Spinal stenosis, lumbar. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 10/15/2014. Patient was previously taking Hydrocodone/APAP for at least six months. Medication: 1. MS Contin, extended release, 15mg/12hr, #90 SIG: every 8 hours

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. The medical record is currently lacking the admission criteria to a chronic pain program, and these details must be added prior to authorizing a multidisciplinary pain management program, but an initial step is a multidisciplinary evaluation. The patient is currently under the care of a psychologist as well. I am reversing the previous utilization review decision. Multidisciplinary evaluation is medically necessary.

MS contin, extended release, 15mg/12hr #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. MS Contin, extended release, 15mg/12hr #90 is not medically necessary.