

Case Number:	CM15-0008235		
Date Assigned:	01/23/2015	Date of Injury:	03/31/1997
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/14/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 52 year old female, who sustained an industrial injury on 3/31/1997 while transferring a heavy patient. She reported pain in her lower back. The diagnoses have included chronic pain syndrome, lower back pain and depression. Treatment to date has included epidural steroid injections (ESI), physical therapy, NSAIDs, opiate medications and chiropractic care. She had a qualified medical examination on 7/18/2002 which resolved that she should use a home exercise program and have no opiates. Currently, the IW complains of lower back pain and bilateral leg and feet numbness. She has lower back pain with prolonged sitting, standing and walking. She reports difficulty sleeping due to pain. She has used Norco, oxycontin, Soma and Klonopin. Objective findings included tenderness to palpation over the C7 spinous process on movement. Gait is within normal limits. She had no difficulty rising from a seated to standing position. There is tenderness over the ileolumbar area and tenderness on flexion at the waist to knee and on extension. On 12/29/2014, Utilization Review non-certified a request for Norco 10/325mg #180 and hydromorphone 4mg noting the lack of documented functional and subjective improvement. The MTUS was cited. On 1/14/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #180 and hydromorphone 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: She had low back pain in 03/31/1997 transferring a heavy patient. An IME on 07/18/2002 noted that opiates should be discontinued and she should be treated with a home exercise program. Gait is normal. There is no difficulty standing from a seated position. For on-going opiate treatment MTUS, Chronic Pain criteria includes documentation of analgesia, adverse effects, improved functionality and monitoring for drug seeking abnormal behavior. The documentation does not meet MTUS criteria and the requested on-going opiate is not medically necessary.

1 prescription of Hydromorphone 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78- 79.

Decision rationale: She had low back pain in 03/31/1997 transferring a heavy patient. An IME on 07/18/2002 noted that opiates should be discontinued and she should be treated with a home exercise program. Gait is normal. There is no difficulty standing from a seated position. For on-going opiate treatment MTUS, Chronic Pain criteria includes documentation of analgesia, adverse effects, improved functionality and monitoring for drug seeking abnormal behavior. The documentation does not meet MTUS criteria and the requested on-going opiate is not medically necessary.