

Case Number:	CM15-0133985		
Date Assigned:	09/10/2015	Date of Injury:	02/24/2010
Decision Date:	10/07/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 2-24-2010. The current diagnosis is spinal stenosis L2-3, L3-4, and L4-5. According to the progress report dated 6-17-2015, the injured worker complains of moderate, constant back, left hip (worsening), and bilateral lower extremity pain. His symptoms are noted as unchanged. The level of pain is not rated. The physical examination of the lumbar spine reveals abnormal and limited range of motion, bilateral paraspinous tenderness, and bilateral iliac crest tenderness. The current medications are not specified. Treatment to date has included medication management, physical therapy, and MRI Studies. Work status is described as temporarily totally disabled. The original utilization review (7-7-2015) non-certified a request for unspecified medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill medications (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: The California MTUS, ACOEM and ODG all recommend the use of specific medication in the treatment of chronic pain. This depends on the type of pain and response to treatment. The request does not specify the specific medication to be refilled and therefore cannot be certified, therefore is not medically necessary.