MAXIMUS Federal Services

Case Number:	CM15-0134470		
Date Assigned:	07/22/2015	Date of Injury:	07/15/2005
Decision Date:	08/18/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 43 year old male, who sustained an industrial injury on 7/15/05. Initial complaint was of neck pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy; postlaminectomy syndrome lumbar region; lumbago; thoracic or lumbosacral neuritis or radiculitis unspecified; failed back syndrome. Treatment to date has included status post laminectomy (2006); status post laminectomy fusion L5-S1 (2007); physical therapy; medications. Currently, the PR-2 notes dated 5/7/15 indicated the injured worker complains of lower back pain. He reports the lower back feels sore and has not improved since his last visit. He reports the pain radiates from the back to both legs and both feet get numb and tingling. He also reports weakness in both hands and feels a loss of grip in both hands. His pain is rated at 5/10. The medications prescribed are listed as Oxycontin, Percocet, Gabapentin, Cymbalta, Atenolol, Xanax, and Tazapin. He is hypertensive on this visit. Objective findings are documented as lumbar surgical wound with tenderness to palpation; range of motion flexion 80 degrees/extension limited; strength 5/5 in both lower extremities and sensation is noted with dysesthesia. He is a status post laminectomy (2006); status post laminectomy fusion L5-S1 (2007) and in 2010 another CT scan showed 4mm disc problems at the level above his surgeries but no surgery was done. The injured worker opted if the symptoms got worse, he would consider it at that time. He had been taking pain medications but after a urine drug screening did not show any medications he was taking, he was discharged from that pain specialist. He is in this office for pain evaluation The provider treatment plan documents the injured worker does not need ongoing pain management. He has tried injections and they did not help. Recently the

injured worker has reported an increase in back pain with radiation of pain down to his left leg. He ran out of medications because he was released from a pain specialist. He wants evaluated by a spine surgeon for possible surgical options since his pain is getting worse. He will also follow-up with his psychiatrist for depression. He is off Neurotin. Recommendations for medications are Oxycontin 20mg three times a day #90, Zanaflex 2mg one at bedtime PRN #30. The provider is requesting authorization of MSIR 15mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: MSIR 15mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for MSIR is not medically necessary.