

Case Number:	CM15-0135596		
Date Assigned:	07/23/2015	Date of Injury:	02/28/1992
Decision Date:	09/09/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, Hawaii

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 52 year old male with an industrial injury dated 02/28/1992. His diagnoses is not specifically listed however the treating physician documents the injured worker suffers from chronic lumbar spine pain, lumbosacral radiculitis at right lumbar 5, depressive disorder and opioid dependence. The record dated 05/15/2015 is the only record submitted for review. Prior treatment included exercise, TENS and medication. The provider documents the following: The injured worker suffers from chronic lumbar spine pain. He had failed non-surgical treatment including therapeutic exercise and TENS unit. The medications are working for the injured worker without side effects and no signs of diversion or abuse. The provider also documents the injured worker is never pain free but without his pain medication his overall pain level, decreased function and quality of life will reflect in patient's social interaction and activities of daily living. The treatment request for Bupropion XL 300 mg quantity 30 with 2 refills and Fluoxetine 20 mg #90 with 2 refills was authorized. The treatment request for review is for Oxcarbazepin 300 mg quantity 90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxcarbazepin 300mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17, 21.

Decision rationale: There were no records provided to review. The IW has a lumbar radiculitis. The CA MTUS states that anti-epilepsy drugs are recommended for neuropathic pain. The IW has neuropathic pain due to his L5 radiculitis. This medication is indicated for this IW. There is documentation that all the medications taken together are beneficial. However, there is no comment on functional benefit. There is no mention of the IW working. There is only mention that there will be functional decline if any medication is denied. The request is not medically necessary.