

Case Number:	CM15-0168199		
Date Assigned:	09/09/2015	Date of Injury:	09/23/2014
Decision Date:	10/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/26/2015

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: Pennsylvania, Ohio, California
 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 who sustained an industrial injury on 9-23-14. He had complaints of pain in his low back, mid back, bilateral shoulder and bilateral forearms. Treatments include: medication, physical therapy, chiropractic care, deep tissue massage and home exercise program. Progress report dated 7-6-15 reports continued complaints of constant, aching and severe low back pain that radiates down the bilateral lower extremities. He has upper right extremity pain in the right shoulder. Prolonged sitting, turning, twisting and walking, aggravates the pain. He reports moderate difficulty with sleep. The pain is rated 9 out of 10 with and without medications. The pain has worsened since last visit. Diagnoses include chronic pain, lumbar facet arthropathy and lumbar radiculitis. Plan of care includes: consider lumbar epidural steroid injection vs. facet block and renew medications; hydrocodone-APAP, naproxen, hydrocodone-acetaminophen and naproxen. Work status: determined by primary treating physician - not currently working. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary due to the lack of MTUS support for its chronic use. However, MTUS does endorse long-term NSAID use if there is document assessment of risks vs. benefits supporting its ongoing use, as is present in this case. Therefore, this request is medically necessary.

Lumbar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.