

Case Number:	CM15-0200078		
Date Assigned:	10/15/2015	Date of Injury:	08/27/2007
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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: Texas, California 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 33 year old male, who sustained an industrial injury on 8-27-07. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post L5-S1 posterior lateral interbody fusion (PLIF) with spinal cord stimulator implant; physical therapy; medications. Currently, the PR-2 notes dated 8-24-15 indicated the injured worker returns for a follow-up and primarily for a refill of medications. He reports to the provider an authorization to see another provider. It is not detailed what that is regarding. The injured worker is inquiring about results of recent laboratory studies, one of which is liver function and the provider notes this is basically unchanged compared to the last result. He indicates he wants off the medications but does not want to feel his back pain either. The provider notes the injured worker is planning a trip to [REDACTED] with his family and is also inquiring about long acting opioids. His current medications are listed by the provider as: Percocet. It appears that he has used over 300 tablets over the past 30 days with just a few days' supply remaining; Soma 4 times daily; Lyrica 50mg 4 daily and ran out of these, Motrin but uses sparingly due to dyspepsia. Other medication list includes Lorazepam, and Claritin. The provider documents "Low back pain with some referral into the left leg with extensive opioid dependency, status post L5-S1 PLIF with spinal cord stimulator implant, although he has not been using the stimulator much lately." The provider's treatment plan includes follow-up care with another provider he has been seeing for medications tapering. He is working full time and the provider feels that long acting opioids at this point are not advisable. A refill of Percocet, Soma and Lyrica was given with encouragement to taper. Per the note dated 10/12/15 the patient had

complaints of low back pain. Physical examination of the lumbar spine revealed limited range of motion and patient was overweight. Patient had received 24 PT visits and 10 acupuncture sessions for this injury. The patient's surgical history include laminectomy in 2007 and 2008; fusion in 2009 and SCS in 2012 or 2013. The patient had 159/103 BP and 90 pulse on 5/14/15. The patient has had history of anxiety The patient has had MRI of the thoracic spine on 1/21/13 that revealed disc protrusions, foraminal narrowing, and degenerative changes; MRI of the lumbar spine on 8/21/12 that revealed disc protrusions, foraminal narrowing, and protrusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

General practitioner / internist evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: General practitioner/internist evaluation per the cited guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient had diagnoses of lumbar spinal stenosis. His current medications are listed by the provider as: Percocet. It appears that he has used over 300 tablets over the past 30 days; Soma 4 times daily; Lyrica 50mg 4 daily and ran out of these, Motrin but uses sparingly due to dyspepsia. Other medication list include Lorazepam, and Claritin. Per the note dated 10/12/15 the patient had complaints of low back pain. Physical examination of the lumbar spine revealed limited range of motion and patient was overweight. The patient's surgical history include laminectomy in 2007 and 2008; fusion in 2009 and SCS in 2012 or 2013. The patient had 159/103 BP and 90 pulse on 5/14/15. The patient has had history of anxiety. The patient has had MRI of the thoracic spine on 1/21/13 that revealed disc protrusions, foraminal narrowing, and degenerative changes; MRI of the lumbar spine on 8/21/12 that revealed disc protrusions, foraminal narrowing, and protrusions. Therefore this is a complex case with high blood pressure, anxiety, chronic pain with some objective findings, several back surgeries, opioid dependence, and dyspepsia. The management of this case would be benefited by a General practitioner/internist evaluation. The request for referral to a General practitioner/internist evaluation is medically necessary and appropriate for this patient.