

Case Number:	CM15-0027051		
Date Assigned:	02/19/2015	Date of Injury:	09/14/1989
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 71-year-old male sustained an industrial injury on 9/14/89, with subsequent ongoing low back pain. In an office visit dated 2/19/15, the injured worker complained of persistent low back pain associated with right leg weakness. Physical exam was remarkable for loss of lumbar lordosis, limited range of motion to the spine, loss of protective sensation to the feet with dysesthesias and paresthesias, difficulty raising to heel and toes on the right, and right lower extremity strength 4/5. The treatment plan included continuing medications (MSER 60 mg twice a day, Norco 10/325 and baclofen 10mg three times a day) and referral to HELP program for recommendations regarding pain and function. On 1/22/15, Utilization Review modified a request for MSER 60mg #60 to MSER 60mg #30 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for adherent behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. Returning to work is a useful indicator of functional improvement for most injured workers, but this injured worker is of retirement age, so it is very relevant that he is participating in household chores and walking for exercise. The request for MSER 60mg #60 is determined to be medically necessary.