

Case Number:	CM15-0042057		
Date Assigned:	03/12/2015	Date of Injury:	07/23/1990
Decision Date:	04/22/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/05/2015

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 62-year-old male, who sustained an industrial injury on 07/23/1990. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, TENS (Transcutaneous Electrical Nerve Stimulation), and home exercise program. Currently, the injured worker complains of increased pain along the mid and lower back with radiation into the left leg. Current diagnoses include lumbago, muscle spasms, and neuralgia/neuritis/radiculitis. The current treatment plan includes continued medications and home exercise program, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esgic 50-325-40 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The patient presents with pain affecting the mid and low back with radiation down the left leg. The current request is for Esgic 50-325-40 mg #90. The treating physician report 12/29/14 (30B) states, "(The patient) is reporting better pain control while taking medications with reports of increased function (ability to perform hygienic and household ADLs-cooking, cleaning etc.) and social well being." The MTUS guidelines state that Barbiturate-containing analgesics agents are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. In this case, even though documentation of functional improvement is provided, Esgic is not recommended by the MTUS guidelines as outlined on page 23. Therefore, the request is not medically necessary.

MSIR 15 mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the mid and low back with radiation down the left leg. The current request is for MSIR 15 mg #120. The treating physician report 12/29/14 (30B) states, "(The patient) is reporting better pain control while taking medications with reports of increased function (ability to perform hygienic and household ADLs-cooking, cleaning etc.) and social well being." A report dated 1/26/15 (59B) states, "In regards to his medications, he reports that he is taking his medications only as prescribed and reports his medications continue to reduce his pain level with minimal side effects." The report further states, "He reports that with the reduction of his pain, he does have improved function and is able to do more in and outside of the home such as basic household ADLs such as cooking, cleaning, shopping etc. with increased endurance and tolerance for such activities." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Medical reports provided show the patient has been taking MSIR since at least 5/13/14. The report dated 1/26/15 notes that the patient's pain has decreased from 9.5/10 to 9/10 while on current medication. No adverse effects or adverse behavior was noted by patient. The patient's ADL's have improved such as the ability to cook, limited light housework, and ability to function socially. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well as a CURES report. The continued use of MSIR has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Therefore, the request is medically necessary.

