

Case Number:	CM15-0088352		
Date Assigned:	05/12/2015	Date of Injury:	06/27/2013
Decision Date:	06/15/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/07/2015

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: Connecticut, California, Virginia
 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 26 year old man sustained an industrial injury on 6/27/2013 after twisting while lifting a patient. Evaluations include electrodiagnostic testing, lumbosacral spine MRIs dated 7/12/2013 and 5/31/2014, lumbar spine x-rays dated 6/10/2014, and bone scan of the lumbar spine dated 6/2/2014. Diagnoses include lumbar discogenic pain, bilateral lower extremity pain, lumbar facet syndrome, and bilateral sacroiliac joint dysfunction. Treatment has included oral medications and epidural steroid injections. Physician notes dated 4/21/2015 show complaints of low back pain rated 4-5/10 with medications and 9/10 without medications. Recommendations include Oxycodone for continued weaning and bilateral sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg #75: Upheld

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

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids) would be valuable. Given the provided documents, the decision by utilization review to modify the request to continue treatment while encouraging a more complete opioid treatment plan (testing/monitoring/contract, etc) is reasonable. Consideration of other pain treatment modalities and adjuvants is also recommended. Therefore the initial request is not considered medically necessary.

Nortriptyline 25 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The MTUS covers use of antidepressants in detail, recommending use of tricyclic antidepressants as a first-line agent for neuropathic pain unless they are ineffective. In this case it appears that a tricyclic is a reasonable treatment based on the provided records. Close monitoring should occur in order objectively evaluate for evidence of functional improvement on the medication in order to facilitate future and continued treatment planning. Therefore the request in this case is considered medically necessary based on the provided records.