

Case Number:	CM14-0123982		
Date Assigned:	08/08/2014	Date of Injury:	10/24/1997
Decision Date:	10/07/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 year old male who had a work related injury on 10/24/97. The mechanism of injury is not documented. The most recent document submitted for review is dated 06/09/14. He presents for a preoperative appointment for his lumbar facet diagnostic injections to be performed on 06/17/14. He continues to have persistent low back pain. The pain fluctuates anywhere from 3/10 to an 8/10 on VAS. He states that prolonged standing does aggravate his pain such as waiting in line or washing dishes. He states that after standing for just a few minutes, he does have aggravation of his pain. He reports that he has never had surgery on his back in the past. He also has never had this particular facet injection in the past. Diagnostic studies MRI of the lumbar spine dated 03/04/14 at L1-2 there is a 5mm right paracentral disc osteophyte complex which narrows the right lateral recess. At L2-3, there is 3mm broad based posterior disc osteophyte complex which combines with facet degeneration to cause severe right foraminal stenosis. At L3-4, broad based posterior disc osteophyte complex which narrows the left lateral recess. At L4-5 there is a 2-3mm posterior disc protrusion which causes mild central stenosis. At L5-S1, there is a 2mm broad based protrusion. Physical examination well-developed, well-nourished male in no cardiorespiratory distress. He is alert and oriented x 3. He ambulates through the examination room without assistance. He is able to sit comfortably on exam table without difficulty or evidence of pain. The injured worker's gait was grossly normal and non-antalgic. Diagnoses is degeneration of the lumbar disc. Long term use of medications. Therapeutic drug monitor. In review of the medical records, there has been no documentation of functional improvement, as well as no VAS with and without medication. Prior utilization review on 07/18/14 modified the request from #60 to #30 to initiate tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic Hydrocodonebit/apap 10-325mg #30ms, Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.