

Case Number:	CM14-0151833		
Date Assigned:	09/19/2014	Date of Injury:	08/08/2009
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Practice and is licensed to practice in Texas & Mississippi. 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 42-year-old male who reported an injury on 08/06/2009. The mechanism of injury involved a fall. The current diagnoses include chronic low back pain, history of lumbar fusion, and rule out hardware pain, chronic neuropathic leg pain, hypertension, poor sleep hygiene, and medication side effect/intolerance. Previous conservative treatment is noted to include medication management, chiropractic treatment, traction, and electrical stimulation. The injured worker was evaluated on 08/05/2014 with complaints of persistent lower back pain and activity limitation. The current medication regimen includes Celebrex, Lazanda, Lyrica, Nexium, and Opana ER. Physical examination revealed numbness and tingling in the left lower extremity consistent with neuropathic pain, foot drop in the left lower extremity, an antalgic gait, and paraspinal muscle tenderness. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone HCL (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Although it is noted that the injured worker had tried and failed several medications prior to the initiation of Opana ER, there is no frequency listed in the current request. Therefore, the request is not medically appropriate.

Zorvolex 35mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter, Zorvolex (Diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no documentation of an acute exacerbation of chronic pain. There is also no documentation of this injured worker's current utilization of this medication. There is no frequency listed in the request. As such, the request is not medically appropriate.