

Case Number:	CM14-0163855		
Date Assigned:	10/08/2014	Date of Injury:	04/22/2002
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 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:

Patient had a date of injury on 4/22/2002. The patient was lifting a 5 gallon paint bucket and hurt his back. MRI dates 4/11/14 showed L2-L3 disk bulge, L3-L4 diffuse disk bulge, L4-L5 degenerative disk disease and diffuse disk bulge and similar changes at the L5-S1 level. Medications have included Duragesic patches, Percocet, Lortab Lorazepam, Ambien, Zanaflex, Mobic and Lyrica. Diagnosis include: chronic lumbar backache, recurrent myofascial strain and bilateral lower extremity radiculopathy pain, anxiety, depression and chronic insomnia. Patient has had multiple disk decompressions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 19, 24, 63-68, 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Chronic Pain

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

Decision rationale: According to guidelines it states opioids should only be used if there is no response to first line therapy being NSAIDS or Acetaminophen. Furthermore it states there

should be a pain contract with random drug screens and a full psychological evaluation for the risk of dependency and addiction. According to the patient's medical records he is currently on Mobic - however it does not state if this controls the pain or not. Secondly there is no pain contract and the patient has a diagnosis of anxiety and depression which raises the concern of dependency and addiction with Lortab and Percocet. Finally there is no indication as to why the patient is on dual opioid therapy. Therefore Lortab is not medically necessary.