MAXIMUS Federal Services

Case Number:	CM14-0166364		
Date Assigned:	10/13/2014	Date of Injury:	05/13/1993
Decision Date:	11/13/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/09/2014

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 5/13/1993.While at work he states he twisted his body to place a large rug onto a cart when he heard a pop and felt shooting pain in the left groin with associated low back pain. Patient has had groin symptoms in the past that were treated by another physician. Current medications include Diazepam 10mg, Flexeril, Kadian 50mg, Lidoderm 5%, Norco, Protonix, Synthroid and Viagra. Diagnosis include: Chronic pain syndrome, Lumbago, Acute venous embolism and thrombosis of deep vessels of proximal lower extremity, and displacement of lumbar intervertebral disc without myelopathy. Recent psychological evaluation on 9/10/14 showed that the patient struggles with depressive symptoms surrounding grief and loss with suicidal ideations in the past month. He has been diagnosed with depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

Decision rationale: According to guidelines Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. Psychological testing should be done to look for possible abuse and dependency.According to the patient's medical records the patient has been using Opioid medications chronically. This is not recommended. The patient has suicidal ideations based on psychological evaluation and opioids would lead to abuse and dependency and thus is not medically necessary.

Norco 10/325mg #150: 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): 77-80.

Decision rationale: According to guidelines Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassement and consideration of alternative therapy. There is no evidence to recommend one opioid over another. Psychological testing should be done to look for possible abuse and dependency.According to the patient's medical records the patient has been using Opioid medications chronically. This is not recommended. The patient has suicidal ideations based on psychological evaluation and opioids would lead to abuse and dependency and thus is not medically necessary.